

REQUESTED SCOPE OF ACCREDITATION
(For Testing Laboratories ONLY)

Use as many pages as necessary – all pages to be signed

Laboratory: MOTIVA Laboratories Inc				Date(s) of Visit: 27 Sep 2017																
Facility: Testing			Discipline(s): Civil Engineering Steel and Concrete testing																	
SI	Product(s) / Material of test	Specific tests performed	* Test Method/Standard against which tests are performed	Range of testing/ Limits of detection	Uncertainty of Measurement (±)															
1	Concrete (all types)	Compression tests	CAN/CSA A23	1 to 200 kN																
2	Structural steel	Shear tests	ASTM 1234-2321	10 – 2000 kN																
3	Structural steel	Axial tests	ASTM 1234	34 – 300 kPa																
4	Structural steel	Compression tests	ASTM 1234	1 – 2000 kPa																
5	Structural steel	Tensile tests	ASTM 1234	23 – 1000 kPa																
<p>* When referring to publications such as NCCLS, IP, BP, USP, ASTM, AOAC etc. kindly mention the clause / chapter / page number, as appropriate.</p> <p>Laboratories performing site testing shall clearly identify the Specific tests on products(s) / material performed at permanent laboratory and / or at site.</p>																				
Signature & Name of Lab Representative			I. M. Motiva MD IM QM																	
<p>Except as noted above, this laboratory has demonstrated competence in the conduct of these tests.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%; text-align: left;">Appointment</th> <th style="width: 40%; text-align: left;">Name</th> <th style="width: 40%; text-align: left;">Signature</th> </tr> </thead> <tbody> <tr> <td>Lead Assessor</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Assessor</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Assessor</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Assessor</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>						Appointment	Name	Signature	Lead Assessor	_____	_____	Assessor	_____	_____	Assessor	_____	_____	Assessor	_____	_____
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