REQUESTED SCOPE OF ACCREDITATION
(For Testing Laboratories ONLY)

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

Laboratory:			Date(s) of Visit:		
Facility: *Testing*		Discipline(s):			
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 (±)

* When referring to publications such as NCCLS, IP, BP, USP, ASTM, AOAC etc. kindly mention the clause / chapter / page number, as appropriate.

Laboratories performing site testing shall clearly identify the Specific tests on products(s) / material performed at permanent laboratory and / or at site.

Signature & Name of Lab Representative	_____

Except as noted above, this laboratory has demonstrated competence in the conduct of these tests.

Appointment	Name	Signature
Lead Assessor	_____	_____
Assessor	_____	_____
Assessor	_____	_____
Assessor	_____	_____