

# REQUESTED SCOPE OF ACCREDITATION (For Calibration Laboratories ONLY)

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

Laboratory:				Date(s) of Visit:																		
Facility: <b>Calibration</b>				Discipline(s):																		
SI	Parameter/ Quantity measured (equipment- wise)	Standards  Master used	Range(s) *	Calibration Measurement Capability **			Remarks/ Method used															
				Claimed by Lab	Observed by Assessor	Recommended by Assessor																
<p>* For Electro-technical discipline, where applicable, the ranges may be mentioned frequency wise.</p> <p>** <u>Calibration</u> measurement capability is expressed as measurement uncertainty at confidence level of 95%.</p>																						
Signature & Name of Lab Representative				_____																		
<p>Except as noted above, this laboratory has demonstrated competence in the conduct of these calibrations.</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 25%; text-align: left;">Appointment</th> <th style="width: 35%; 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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