

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: Calibration				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	
<small>* For Electro-technical discipline, where applicable, the ranges may be mentioned frequency wise.</small> <small>** <u>Calibration</u> measurement capability is expressed as measurement uncertainty at confidence level of 95%.</small>							
Signature & Name of Lab Representative							
Except as noted above, this laboratory has demonstrated competence in the conduct of these calibrations.							
Appointment		Name		Signature			
Lead Assessor							
Assessor							
Assessor							
Assessor							