|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **C*PP* AB Ref. no.** |  |  |  |  |  |  |

**EGAC Application form for Accreditation**

(All applicants shall fill part 1 & part 3 while part 2 will be filled according to each of their specific scheme ex. ISO/IEC 17025, 17020,17065,17043,17024, 17029………)

**Part 1. General Information**

|  |
| --- |
| Initial accreditation |
| Re-accreditation (re-assessment) |
| Extension of accreditation |
| I wish this application to be processed now (which may require an extra visit by EGAC) |
| I wish this application to be processed with my next assessment/reassessment visit |
| ***Instructions:***   1. *Your application cannot be processed unless attached with the required document in Soft or/and Hard copies.* 2. *Applicant understand and accept that an assessment fee will normally be charged in accordance to EGAC regulation R3G. (which published in EGAC website* [*www.egac.gov.eg*](http://www.egac.gov.eg)*)* 3. *This application must be completed in full and returned to EGAC with a copy of each of the following:*  |  |  |  |  |  | | --- | --- | --- | --- | --- | | ***Information / Documentation*** | | ***Required for*** | | | | ***Initial Application*** | ***Extension Application*** | ***Renewal of Accreditation*** | | *1* | *Fully filled signed application form.* | ***Yes*** | ***Yes*** | ***Yes*** | | *2* | *CAB legal entity evidence (please enclose proof of structure and legal status, e.g.*  *certificate of registration, commercial register) and CAB Logo electronic copy.* | ***Yes*** | ***Yes*** | ***Yes*** | | *3* | *Signed agreement (2 original copies).* | ***Yes*** | ***Yes*** | ***Yes*** | | *4* | *EGAC relevant assessment checklist report.* | ***Yes*** | ***Yes*** | ***Yes*** | | *5* | *Standard (international / national /in house / nonstandard) used by laboratory.* | ***Yes*** | ***Yes*** | ***Yes*** | | *6* | *The applicant’s quality system documentation and (quality manual if any).* | ***Yes*** | ***Yes*** | ***Yes*** | | *7* | *Copy of the relevant associated method(s).* | ***Yes*** | ***Yes*** | ***Yes*** | | *8* | *Information regarding active participation with a successfully result of in*  *proficiency testing scheme.* | ***Yes*** | ***Yes*** | ***Yes*** | | *9* | *A Proficiency testing plan covering all activities and a calibration plan covering the standard equipment used in the process for laboratory only ..* | ***Yes*** | ***Yes*** | ***Yes*** | | *10* | *Procedure for validation/verification of methods and validation data for tests*  *requiring accreditation. accreditation (for Labs.).* | ***Yes*** | ***Yes*** | ***Yes*** | | *11* | *Detailed job description of applicant personnel seeking accreditation.* | ***Yes*** | ***Yes*** | ***Yes*** | | *12* | *Risk analysis for confidentiality, impartiality & technical activities.* | ***Yes*** | ***Yes*** | ***Yes*** | | *13* | *Risk analysis, List of auditors, List of clients, Job description (technical and quality manager, …)* *MS certification Department.* | ***Yes*** | ***Yes*** | ***Yes*** |   ***Note****: Incomplete applications cannot be processed by EGAC*   1. *Additional information may be provided on additional copies of the applicable sheets where the spaces provided are insufficient* 2. *Additional advice or information may be obtained by contacting the relevant EGAC accreditation manager as displayed on EGAC website.* 3. *Granting accreditation will be subject to the applicant entity fully complying with the accreditation criteria, EGAC accreditation requirements and EGAC regulation.* 4. *The applicant is specifically advised to read relevant EGAC information pack. before applying for accreditation.* 5. *EGAC will issue an invoice once this application form is processed. Evidence of payment will be required prior to proceeding with evaluation of application.* 6. *If the applicant does not receive an acknowledgement of receipt of this form within 1 month of dispatch, please contact EGAC relevant accreditation manager.* 7. *For initial applicant, its application remains valid for 6 months from the date of receipt of the application if there is no response or no ongoing response during the accreditation process from this applicant.* 8. *Applications for renewal of accreditation (re-assessment) should submitted to EGAC at least six (6) months prior to the expiry of accreditation certificate.* |

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| **Information about CAB:** | | | | | | | | | | | |
| CAB Name | In English |  | | | | | | | | | |
| ﻋﺮﺑﻲ  (For Arabian countries) |  | | | | | | | | | |
| Organization Name | In English |  | | | | | | | | | |
| ﻋﺮﺑﻲ  (For Arabian countries) |  | | | | | | | | | |
| CAB Address | In English | Building |  | | Street | | | |  | | |
| Apartment |  | | City/Area | | | |  | | |
| District |  | | | Governorate/State | | | |  | |
| Country |  | | | | | | | | |
| ﻋﺮﺑﻲ  (For Arabian countries) |  | | | | | | ﺷﺎﺭﻉ | |  | ﻣﺒﻨﻰ |
|  | | | | | | ﻣﺪﻳﻨﺔ / ﻣﻨﻄﻘﺔ | |  | ﺷﻘﺔ |
|  | | ﻣﺤﺎﻓﻈﺔ / ﻭﻻﻳﺔ | | |  | | | | ﺣﻲ / ﻣﺠﺎﻭﺭﺓ |
|  | | | | | | | | | ﺩﻭﻟﺔ |
| CAB  Contacts | Phone/s | <(key) Phone #> | | | | | | | | | |
| Fax/s | <(key) Fax #> | | | | | | | | | |
| E-Mail/s |  | | | | | | | | | |
| Web Site/s |  | | | | | | | | | |
| PO box / Zip Code |  | | | | | | | | | |
| Contact person | Title |  | | | | | | | | | |
| Position |  | | | | | | | | | |
| Name |  | | | | | | | | | |
| Phone/s | <(key) Phone #> | | | | | | | | | |
| E-Mail/s |  | | | | | | | | | |
| Fax/s | <(key) Fax #> | | | | | | | | | |
| Mobile | <(key) Phone #> | | | | | | | | | |
| Alternate Contact Person | Title |  | | | | | | | | | |
| Position |  | | | | | | | | | |
| Name |  | | | | | | | | | |
| Phone/s | <(key) Phone #> | | | | | | | | | |
| E-Mail/s |  | | | | | | | | | |
| Fax/s | <(key) Fax #> | | | | | | | | | |
| Mobile | <(key) Phone #> | | | | | | | | | |
| Address where invoice to be sent  (if different from CAB  address) | Fax/s | <(key) Fax #> | | | | | | | | | |
| PO box / Zip Code |  | | | | | | | | | |
| E-Mail |  | | | | | | | | | |
| Commercial Registration Number | | رقم السجل التجارى : | | | | | | | | | |
| Tax Registration Number | | رقم السجل الضريبى | | | | | | | | | |

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| **Information about ownership (Legal status of your organization):** please tick the appropriate box | | | | | |
| Owned by an individual | | | Part of an academic institution | | |
| Owned by a private company/ partnership | | | Part of learned / technical institution | | |
| Owned by a public body / nationalized industry | | | Owned by public limited company | | |
| National / governmental organization | | | Other (Please describe): | | |
| Ownership / Parent Organization (if different from CAB Organization) | Name |  | | | |
| Address |  | | | |
| City |  | | Country |  |
| E-Mail |  | | Website |  |
| Phone |  | | Fax |  |
| PO box / Zip Code |  | | | |

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| --- | --- |
| **Description of the main activities of the organization seeking accreditation:** | |
| Total no. of employees |  |
| Number of employees involved in area(s) seeking accreditation |  |
| (\*) Attach an organization chart indicating the structure of the areas to be accredited and their relation to the rest of the organization. | |

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| --- | --- |
| **Indicate exactly how the name of your CAB appears on the accreditation certificate:** | |
| In English |  |
| In Arabic |  |

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| --- | --- | --- | --- | --- | --- |
| **Determine the field of the organization seeking accreditation:** | | | | | |
|  | Testing Laboratory  ISO/IEC 17025 (Fill section 2.1) |  | Calibration Laboratory  ISO/IEC 17025 (Fill section 2.2) |  | Medical Laboratory  ISO 15189 (Fill section 2.3) |
|  | Inspection Body  ISO/IEC 17020 (Fill section 2.4) |  | MS Certification Body  ISO/IEC 17021-1:2015 (Fill section 2.5) |  | Proficiency Testing Provider  ISO/IEC 17043 (Fill section 2.6) |
|  | Product Certification Body  ISO/IEC 17065 (Fill section 2.7) |  | Person Certification Body  ISO/IEC 17024 (Fill section 2.8) |  | Forensic Service Provider  ISO/IEC 17025 and/or ISO/IEC 17020 (Fill section 2.9) |
| Halal Certification Body  UAE.S 2055-2 (Fill section 2.10)  GSO 2055-2 (Fill section 2.10)  SMIIC -2 (Fill section 2.10) | |  | Biotechnology - Biobank organization  ISO 20387 (Fill section 2.11) |  | Validation and Verification body  ISO/IEC 17029:2019 (Fill section 2.12 |

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| --- | --- |
| **Internal Audit and Management Review** | |
| Last internal audit report |  |
| Last management review report |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Information on Senior Staff** | | | |
| **Name and position (Director level) of person authorizing this application** | | | |
| Name |  | | |
| Position |  | Title |  |

|  |  |
| --- | --- |
| **Technical/ Scheme Manager** | |
| Name |  |
| Technical Qualifications |  |
| Relevant Experience |  |
| Position within the organization |  |

|  |  |
| --- | --- |
| **Quality Manager:** | |
| Name |  |
| Qualifications |  |
| Relevant Experience |  |
| Position within the organization |  |

|  |  |  |
| --- | --- | --- |
| **local regulation:** |  |  |
| Please mention the current regulation / law that related to your organization activities according to the following table: | | |
| **Name of the regulation / law** | **Issue date** | **Item(s) related to the applied scope of accreditation** |
|  |  |  |
|  |  |  |

(\*) Please submit a copy of that regulation / decree / law.

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Accreditation / Certifications**: (including EGAC accreditation) | | | |
| **Name & address of Accreditation / certification body** | **Scope of accreditation / certification** | **Period of accreditation/certification** | |
| **Start date** | **Expiry date** |
|  |  |  |  |
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| --- | --- | --- |
| **Applicant outside Egypt:** | | |
| Applicants from outside Egypt will be processed according to ILAC-G21(Cross-Frontier Accreditation Principles for Cooperation), IAF MD12 (Accreditation Assessment of Conformity Assessment Bodies with Activities in Multiple Countries) & EA-2/13 M (EA Cross Border Accreditation Policy and Procedure for Cross Border Cooperation between EA Members).  You shall provide us with all the laws and legislations of your country, especially in the scope of accreditation. | | |
| Is there a local accreditation body? | Yes | No |
| Is the local accreditation body a signatory to the arrangement of ILAC, IAF or EA? | Yes | No |
| Does the local accreditation body offer the required scope? | Yes | No |
| Do you permit: | Yes | No |
| That EGAC informs the local accreditation body about your application and the development of the accreditation process? | Yes | No |
| That the local accreditation body may send an observer to join the assessment? | Yes | No |
| That the local accreditation body may send (an) assessor/s (joint assessment for a dual accreditation)? | Yes | No |
| Considering the questions above, what are the reasons for choosing EGAC instead of the local accreditation body? | | |

**Part 2. Filled individually for each scheme applicant:**

**Section 2.1: For Testing Laboratory Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field for which accreditation is sought: (Please tick the appropriate boxes)** | | | |
|  | Chemical Analysis |  | Microbiology, Hydrobiology & Toxicity |
|  | Civil Engineering and Materials Testing |  | Electrical & Electronics |
|  | Environmental including Ambient Air Monitoring |  | Heat & Temperature |
|  | Mechanical |  | Non-destructive |
|  | Optics and Radiometry |  | Veterinary |
|  | Pharmaceutical |  | Sampling activities (for separate accreditation in sampling) |
| \* For others: Please, write the field: ...................................................................................................................... | | | |

|  |  |  |
| --- | --- | --- |
| **Scope of testing for which accreditation is sought:** | | |
| **Materials / Product Tested** | **Types of test /properties Measured Range of Measurement** | **Standard Specifications/Techniques used** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **List the major items of equipment currently used for the types of tests:** | |
| **Description of equipment**  **(Include Manufacturer, Model & Serial number/ Code number)** | **Range/ Capacity of equipment**  **and other relevant information** |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Please indicate the type of calibration for the testing lab equipment:** | |
| External Calibration | Internal Calibration |
| \* In case of internal calibration for equipment used, please fill in the following two tables for the scope of the internal calibration: | |

|  |  |  |
| --- | --- | --- |
| **Please indicate the type of calibration sites** | | |
| Customers premises | Mobile facilities |
| The locations of temporary sites | Collection sites (premises that only collect sample) |
| Other: ………………………………………………………………………………………………. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measured Quantity** | **Range** | **Calibration & Measurement Capability (±) Uncertainty** | **Brief Description of Measurement and Equipment Used** | |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 2.2: For Calibration Laboratory Applicant:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Accelerometer |  | Acoustics |  | Chemical |  | Density |
|  | Dimensional |  | Electrical |  | Fiber Optics |  | Flow |
|  | Force |  | Hardness |  | Humidity |  | Mass |
|  | Optical |  | Pressure |  | Radiological |  | Temperature |
|  | Torque |  | Ultrasonic |  | Viscosity |  | Volume |
|  | Other (please describe) : ………………………………………..……………………………… | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Scope of calibration for which accreditation is sought:** | | |
| **Measured Quantity** | **Range** | **Calibration & Measurement Capability\* (±)** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **List the major items of equipment currently used for the types of calibration:** | |
| **Description of equipment**  **(Include Manufacturer, Model & Serial number / Code number)** | **Range / Capacity of equipment and other relevant information** |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Please indicate the type of calibration for the calibration lab equipment:** | |
| External Calibration | Internal Calibration |
| \* In case of internal calibration for equipment used, please fill in the following two tables for the scope of the internal calibration: | |

|  |  |
| --- | --- |
| **Please indicate the type of calibration sites** | |
| Customers premises | Mobile facilities |
| The locations of temporary sites | Collection sites (premises that only collect sample) |
| Other: ………………………………………………………………………………………. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measured Quantity** | **Range** | **Calibration & Measurement Capability (±) Uncertainty** | **Brief Description of Measurement and Equipment Used** | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 2.3: For Medical Laboratory Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Field for which accreditation is sought: (Please tick the appropriate boxes)** | | | |
| ☐ | Chemical Pathology/Clinical Chemistry | ☐ | Clinical Pathology |
| ☐ | Clinical Molecular Biology | ☐ | Clinical Microbiology and Serology |
| ☐ | Clinical Immunology& Immunogenetics | ☐ | Clinical Cytogenetics |
| ☐ | Anatomic Pathology | ☐ | Blood Baking and Transfusion Medicine |
| ☐ Flow Cytometry | | ☐ | Clinical Hematology and Coagulation |
| \* For others: Please, write the field: .................................................................................... | | | |

|  |  |
| --- | --- |
| **Laboratory Sample Collection**  **Does the laboratory have Sample Collection?** | |
| ☐ Yes | ☐ No |

|  |  |  |
| --- | --- | --- |
| **Details of primary sample collection facilities:**  Please mention clearly with full addresses the primary sample collection facilities. | | |
| **S** | **Primary sample collection facility** | **Address** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Main Lab Activities** | | | | |
| **List of medical scopes and major items of equipment currently used:** | | | | |
| **Main Lab Location** | **Sample Type** | **Discipline / Types of Tests** | **Standard Specifications / Techniques Used / Equipment** | |
|  |  | **(Department)** | | |
|  | (Name of test) | (Method name and Reference) | (Equipment name and SN) |
|  |  |  |  |
|  |  |  |  |
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| --- | --- |
| **Laboratory Branches: Does the Laboratory have branches?** | |
| Yes | No |

|  |  |
| --- | --- |
| **Please mention clearly with full addresses the laboratory branches within the accreditation scope.** | |
| **Branch** | **Address** |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Branch Activities** | | | | |
| **List of medical scopes and major items of equipment currently used:** | | | | |
| **Branch Location** | **Sample Type** | **Discipline / Types of Tests** | **Standard Specifications / Techniques Used / Equipment** | |
|  |  | **(Department)** | | |
|  | (Name of test) | (Method name and Reference) | (Equipment name and SN) |
|  |  |  |  |
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| --- |
| **Do the laboratory branches have separate management systems?** |
| **Yes** (branches should apply for accreditation with separate applications) |
| **No** (Please specify the scope of each branch in the following tables) |

|  |  |
| --- | --- |
| **Please indicate the type of calibration for the medical lab equipment:** | |
| External Calibration | Internal Calibration |
| \* In case of internal calibration for equipment used, please fill in the following two tables for the scope of the internal calibration: | |

|  |  |
| --- | --- |
| **Please indicate the type of calibration sites** | |
| Customers premises | Mobile facilities |
| The locations of temporary sites | Collection sites (premises that only collect sample) |
| Other: ………………………………………………………………………………………………. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measured Quantity** | **Range** | **Calibration & Measurement Capability (±) Uncertainty** | **Brief Description of Measurement and Equipment Used** | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 2.4: For Inspection Body Applicant**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Field for which accreditation is sought:** (Please tick the appropriate boxes) | | | | | | | |
|  | Glass and ceramics industries |  | Health care technology |  | Natural sciences |  | Services |
|  | Mechanical system components |  | Metrology and measurement |  | Environment. Safety |  | Testing |
|  | Fluid systems& components |  | Manufacturing Engineering |  | Energy and heat transfer |  | Electrical Engineering |
|  | Generalities. Standardization.  Documentation |  | Domestic and commercial  equipment. Entertainment. Sports |  | Information technology  Office machines |  | Image technology |
|  | Construction materials and  building |  | Road vehicles engineering |  | Railway Engineering |  | Paper technology |
|  | Material handling equipment |  | Packaging and distribution of goods |  | Textile and leather technology |  | Clothing industry |
|  | Agriculture |  | Food Technology |  | Chemical technology |  | Metallurgy |
|  | Petroleum and related  technologies |  | Telecommunications. Audi and video |  | Wood technology |  | Electronics |
|  | Rubber and plastic industries |  | Shipbuilding & marine  structure |  | Paint and color  industries |  | Jewellery |
|  | Civil engineering |  | Mining and minerals |  | Other (please describe): ……………… | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Scope of inspection for which accreditation is sought.** | | | | | |
| Type of Inspection What do you consider to be the type of your Inspection Body, as defined in ISO/IEC 17020?  Type A, Type B and/or Type C | Inspection Category | Inspection Field(And Sub-fields) such as: product design, products (specified as materials or equipment) Installations, plant, premises, processes, services and surveys | Type and Range of Inspection  e.g., In-service inspection or inspection of new products | Stage of Inspection | Methods / Standards / Specifications / Techniques  such as:EC directives, regulations, standards, specifications, internal procedures |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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| --- | --- | --- |
| **For whom does the inspection body undertake inspection?** | | |
| Own organization | Parent organization | Other organization |

|  |  |  |
| --- | --- | --- |
| **What do you consider to be the type of your Inspection Body, as defined in ISO/IEC 17020?** | | |
| Type A | Type B | Type C |

|  |  |  |
| --- | --- | --- |
| **Do you perform inspection outside Egypt?** | | |
| No | | Yes |
| If yes state, the countries in which inspections performed |  | |

|  |  |
| --- | --- |
| **Please indicate the type of calibration for the inspection body equipment:** | |
| External Calibration | Internal Calibration |
| \* In case of internal calibration for equipment used, please fill in the following two tables for the scope of the internal calibration: | |

|  |  |
| --- | --- |
| **Please indicate the type of calibration sites** | |
| Customers premises | Mobile facilities |
| The locations of temporary sites | Collection sites (premises that only collect sample) |
| Other: ………………………………………………………………………………………………. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measured Quantity** | **Range** | **Calibration & Measurement Capability (±) Uncertainty** | **Brief Description of Measurement and Equipment Used** | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 2.5: For Management Systems Certification Body Applicant:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identify the management system certification scheme (s) for which accreditation is sought:** | | | | | | | | |
| **Tick** | | **Certification area** | | **Scope** | | **Geographical Areas**  (countries) | | |
|  | | QMS- ISO 9001  supplementary accreditation standard for this certification area is ISO/IEC 17021-3 | | IAF Codes according to IAF MD 17  ……………………………………….. | |  | | |
|  | | EMS- ISO 14001  supplementary accreditation standard for this certification area is ISO/IEC 17021-2 | | IAF Codes according to IAF MD 17  ……………………………………….. | |  | | |
|  | | OH SMS - ISO 45001  supplementary accreditation standard for this certification area is ISO/IEC TS 17021-10 &  IAF MD 22 | | IAF Codes according to IAF MD 17  ……………………………………….. | |  | | |
|  | | FSMS - ISO 22000  supplementary accreditation standard for this certification area is ISO 22003-1 | | FSMS subcategory according to Table A.1 — Food chain categories OF ISO 22003-1 | |  | | |
|  | |  | | |
|  | | FSSC 22000  supplementary accreditation standard for this certification area is ISO 22003-1 | | FSSC subcategory According to  FSSC 22000 scheme V. 5.1 | Normative documents |  | | |
|  |  |  | | |
|  | | EnMS - ISO 50001  supplementary accreditation standard for this certification area is ISO 50003 | | | |  | | |
|  | | MD QMS - ISO 13485  supplementary accreditation standard for this certification area is IAF MD 9 | | Scope According to IAF MD 9 | |  | | |
| Main Technical Areas | Technical Areas |  | | |
|  |  |  | | |
|  | | ISMS – ISO/IEC 27001:2022  supplementary accreditation standard for this certification area is  ISO/IEC 27006:2015/AMD 1:2020 | | | |  | | |
|  | | Educational organizations – MS ISO 21001 | | | |  | | |
|  | | ITMS-ISO/IEC 20000-1: 2018  supplementary accreditation standard for this certification area is  ISO/IEC 20000-6:2017 | | | |  | | |
|  | | Supply chain security MS-ISO 280001:2007  supplementary accreditation standard for this certification area is ISO 28003 | | | |  | | |
|  | AMS- ISO 55001:2014  supplementary accreditation standard for this certification area is  ISO/IEC 17021-5 | | | | | |  |
|  | BCMS-ISO 22301:2019  supplementary accreditation standard for this certification area is ISO/IEC 17021-6 | | | | | |  |
|  | FMS- ISO 41001:2018  supplementary accreditation standard for this certification area is ISO/IEC 17021-11 | | | | | |  |
|  | RTSMS- ISO 39001:2012  supplementary accreditation standard for this certification area is ISO/IEC TS 17021-7 | | | | | |  |
|  | Anti-bribery MS- ISO 37001:2016  supplementary accreditation standard for this certification area is ISO/IEC TS 17021-9 | | | | | |  |
|  | Other state: ……… | |  | | | |  |

**Section 2.6: For Proficiency Testing Provider Applicant:**

|  |
| --- |
| **Handling of Main Activities:**  Mention in the following table all information regarding activities done, done by whom, where they are done and contact details, providing that your organization (PTP) undertakes the full responsibility: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity / Services** | **Done by** | | **Collaborator/ Sub- contractor**  **Location/ Contact details** | **Accreditation/ Certification held including EGAC accreditation** |
| **PTP** | **Collaborator / Sub-contractor** |
| Select appropriate proficiency testing items |  |  |  |  |
| Plan the PT scheme |  |  |  |  |
| Perform sampling |  |  |  |  |
| Conduct measurements to determine stability and homogeneity |  |  |  |  |
| Determine assigned values and associated uncertainties of the measurands |  |  |  |  |
| Prepare, handle, packaging, labeling and distribution of proficiency test items |  |  |  |  |
| Provide instructions for participants |  |  |  |  |
| Operate the data processing system |  |  |  |  |
| Develop statistical design |  |  |  |  |
| Conduct statistical analysis |  |  |  |  |
| Evaluate the performance of proficiency testing scheme participants |  |  |  |  |
| Give opinions and interpretations |  |  |  |  |
| Authorize the issue of proficiency testing report |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Collaborators / Subcontractors Information:** | | |
| Please complete this table for all collaborator/subcontractors with which the proficiency testing provider has formal arrangements for the production, testing, measurement, sampling, storage, and distribution of the PT materials/samples or measurement artifacts, and for data processing | | |
| **Subcontractor / Collaborator Name and address** | **Accreditation held**  **(If applicable)** | **Activities/services rendered** |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Scope of proficiency testing for which accreditation is sought:** | | | |
| **Sample/ Artifact Sample** | **Tests/ Properties measured** | **Scheme Title/ Type** | **Frequency** |
|  |  |  |  |
|  |  |  |  |

**Section 2.7: For Product Certification Body Applicant:**

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| --- |
| **Conformity evaluation in the field (product, process and/or service groups):** |
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| --- | --- | --- | --- | --- |
| **Scope of product, process and/or service groups for which accreditation is sought (conformity assessment procedures to be accredited):** | | | | |
| **Product (s) / Product Group (s)** | **Certification Scheme** | **Certification Procedures** | **Type of Certification Schemes According to ISO/IEC 17067: 2013** | **Standards / Requirements** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Documented structure to safeguard impartiality** | **☐ Yes** | **☐ No** |
| **Who are the stakeholders represented in this structure (committee)?** | | |
|  | | |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the certification body itself carry out the surveillance of products, processes and services in the fields of certification applied for? | | | Yes | No |
| Does the certification body itself carry out tests of products, processes and services in the fields of certification applied for? | | | Yes | No |
| Are the testing laboratories of the certification body are accredited? | | | Yes | No |
| Which testing laboratories work for the certification body? | | | | |
| Name / Identification | Test fields | Accredited by | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
| In the case of non-accredited subcontractors, in which way does the certification body make sure that it complies with the requirements of the concerning international documents (e.g., ISO/IEC 17025)? | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

**Section 2.8: For Person Certification Body Applicant:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Does the applying organization/ certification body operate additional locations / test centers:** | | | | | | Yes | No |
| **Locations of the applicant organization/ certification body:** | | | | | | | |
| Address |  | PO box  / Code: |  | City |  | | |
| Address |  | PO box  / Code: |  | City |  | | |
| Address |  | PO box  / Code: |  | City |  | | |
| Address |  | PO box  / Code: |  | City |  | | |

\* Org. chart/s: Please attach the organizational structure of the certification body and, where relevant, the structure within an organization.

|  |
| --- |
| **Identify the certification scheme for persons for which accreditation is sought:** |
|  |
|  |
|  |
|  |

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| --- | --- | --- | --- |
| **General information** | | | |
| Is the certification body already accredited by another accreditation body (including abroad)? | | Yes | No |
| Has an application for accreditation been submitted to another accreditation body? | | Yes | No |
| Name of the accreditation body |  |  |  |
| Date of application |  |  |  |
| Fields of conformity evaluation which are accredited or for which accreditation has been applied: | | | |
|  | | | |
|  | | | |
| Approvals and other recognitions of the certification body: | | | |
|  | | | |
|  | | | |
| Has EGAC already sent a quotation to the certification body? | | Yes | No |
| If yes, indicate the reference number (if available) |  | | |

|  |  |  |
| --- | --- | --- |
| **Documented structure to safeguard impartiality** | Yes | No |
| Please provide details of the membership of the governing board / impartiality committee and the interests they represent: | | |
|  | | |
|  | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Staff of the applying organization /certification body** | | |
| **Number of** | **Staff** | **Other staff (part-time employees)** |
| Persons with university education |  |  |
| Persons with technical school education |  |  |
| Persons trained in quality management |  |  |

|  |
| --- |
| **Certification Scheme** |
| Accepted personal certification scheme including quality procedures for verification and certification, quality manual: |
|  |
|  |
|  |
| Owner / authors of the personal certification scheme (if different form applicant organization/ certification body): |
|  |
|  |
|  |
| Interested parties represented in the scheme (scheme committee): |
|  |
|  |
|  |
| Is the scheme nationally / internationally accepted within the industry? |
|  |
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| --- | --- | --- | --- | --- |
| **Quality system** | | | | |
| Do the applicant organization / the certification body comply with any standard for quality system? | | Yes | No |
| If yes, which one |  | | |
| Has a quality manager been appointed | | Yes | No |
| If yes, name |  | | |
| Is there a documented system for internal quality audits to ensure the compliance with ISO 17024? | | Yes | No |
| Reference document |  | | |
| Are there documented procedures to ensure confidentiality? | | Yes | No |
| Reference document |  | | |
| Are there procedures regarding the misuse of certificates? | | Yes | No |
| Reference document |  | | |
| Is a description of the certification system available in published form? | | Yes | No |
| Reference document |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scope of application** | | | | |
| **S** | **Certification Scheme for Persons** | **Sector** | | **Method & Level** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 2.9: For Forensic Service Provider Applicant:**

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| --- | --- |
| The forensic services apply for accreditation in accordance with: | |
| ISO/IEC 17025 | ISO/IEC 17020 |

|  |  |  |
| --- | --- | --- |
| **Field for which accreditation is sought:** (Please tick the appropriate boxes) | | |
| Handwriting and Document Examination | Vehicles and Vehicle Accident Investigation | Firearms and ballistics |
| Audio and Video /Computer Analysis | Controlled/non-controlled Substances | Forensic Medicine |
| Marks and Impressions | Hairs, Blood, Body Fluids and Tissues | Toxicology |
| Others\*: ……………………………………………………………………..…………………………………… | | |
| \* For others: Please, write the field (major disciplines) | | |

|  |  |  |
| --- | --- | --- |
| **Sampling that you carry out of sites**  Please indicate separately any Tests or Sampling that you carry out of sites, or in temporary or mobile facilities and complete all columns of the form below for such work. Your quality system and procedures must clearly indicate how you ensure that such work carried out away from your permanent premises meets the requirements of the standard. | | |
| **Type of test / sample** | **Temporary / Mobile** | **Organization** |
|  |  |  |
|  |  |  |
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| --- | --- | --- | --- | --- | --- |
| **List of forensic tests and method of measurement currently used:** | | | | | |
| Forensic service provider laboratory according to ISO/IEC 17025 | | | | | |
| Discipline |  | | | | |
| **Physical Location** | | **Materials / Sample Type** | **Method of Measurement** | **Standard Specifications / Techniques used** | **Description of Equipment (include Manufacturer, Model & Serial number/ Code number)** |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Forensic laboratory branches** | | | | | |
| Does the Forensic Laboratory have branches? | | | | | |
| Yes | | | No | | |
| If yes | | | | | |
| Do the forensic laboratory branches have separate management systems? | | | | | |
| Yes (branches should apply for accreditation with separate applications) | | | | | |
| No (Please specify the scope of each branch in the following tables) | | | | | |
| Please mention clearly with full addresses the forensic laboratory branches within the accreditation scope: | | | | | |
| **S** | **Branch Name** | **Branch Address** | | **Branch Contact name** | **Contact information (Phone/mail)** |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Forensic service provider laboratory according to ISO/IEC 17020** | | | | | |
| **Major discipline** | |  | | | |
| **Physical Location** | **Field Testing Categories / Subcategories** | **Component / Parameter or Characteristic Inspected** | **Inspection Method** | **Items Inspected** | **Key Equipment (SN) or Technology** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **For whom does the inspection body undertake inspection?** | | |
| Own organization | Parent organization | Other organization |
| What do you consider to be the type of your inspection body, as defined in ISO/IEC 17020? | | |
| Type A | Type B | Type C |

|  |  |
| --- | --- |
| **Please indicate the type of calibration for the forensic lab equipment:** | |
| External Calibration | Internal Calibration |
| \* In case of internal calibration for equipment used, please fill in the following two table for the scope of the internal calibration: | |

|  |  |
| --- | --- |
| **Please indicate the type of calibration sites** | |
| Customers premises | Mobile facilities |
| The locations of temporary sites | Collection sites (premises that only collect sample) |
| Other ................................................................. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measured Quantity** | **Range** | **Calibration & Measurement Capability (±) Uncertainty** | **Brief Description of Measurement and Equipment Used** | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 2.10: For Halal Certification Body Applicant:**

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| --- | --- | --- | --- | --- | --- |
| Does CB has any other critical location(s) other than the main/ head office or branches where \*key activities takes place then please specify the names of cities & countries where critical locations or branches are situated. | | | | **Yes** | **No** |
| **No.** | **Location Type (such as Regional office, Branch, outsourced Location etc.)** | **City & Country** | **\*Key Activities carried out at this location** | | |
| **Note:\*** Key activities include:  Policy formulation, process and/or procedure development, proceedings of safeguarding impartiality committee/scheme committee, application & contract review, (approval of, selection of, handling of contractual agreements with & monitoring of auditors/examiners/inspectors), (planning of and review/approval & decision on the results of audits/examinations/inspections) and preparation, release & control of certificates, Final decision on appeals and complaints. | | | | | |
| \* Please attach the organizational structure that shows these locations. | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please list down the type, name(s) & location(s) of establishments under supervision of the organization (i.e. slaughterhouses, manufacturers, service providers.etc….) which come under the scope of Halal certification:** | | | |
| **No.** | **Type of Establishment \*** | **Name of Establishments** | **Location/Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| \* Type of establishment: for example, slaughterhouse, manufacturer, restaurant or other service providers, etc. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **List the names of the authorized persons for signing the Halal certificates:** | | | |
| **No.** | **Name of the authorized persons for signing the halal certificates** | **Signature** | **Contact Details** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Insert stamp & logo used on halal certificates** | |
| Stamp | Logo |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Islamic Affairs Expert** |  | | |
| Name |  | | |
| Mobile No. |  | E-mail |  |
| Technical Qualifications |  | | |
| Relevant Experience |  | | |
| Position within the organization |  | | |

|  |
| --- |
| **Scope of accreditation & Geographical scope:** |
| Please indicate the standard against which you are applying for EGAC Accreditation of Halal product/service categories |
| UAE.S 2055-2 |
| GSO 2055-2 |
| OIC/SMIIC 2: 2019 |
| Other (Please state): ………………………………………………..................................................... |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identify the Halal product/service categories for which accreditation is sought:** | | | | |
| **Halal product/service categories according to Table A.1 of UAE.S 2055-2** | | | | |
| **Tick** | **Categories**  **Code** | **Categories** | **Examples of sectors** | **Geographical Areas** |
|  | **A** | **Farming 1 (Animals)** | Animals; fish; egg production; milk production; beekeeping; fishing; hunting |  |
|  | **B** | **Farming 2 (Plants)** | Fruits; vegetables; grain; spices; horticultural products |  |
|  | **C** | **Processing 1 (Perishable animal products)** | includes all activities after farming, e.g. animal slaughtering, poultry, eggs, dairy and fish products |  |
|  | **D** | **Processing 2 (Perishable vegetal products)** | Fresh fruits and fresh juices; preserved fruits; fresh vegetables; preserved vegetables |  |
|  | **E** | **Processing 3**  **(Products with long shelf life at ambient temperature)** | Canned products; biscuits; snacks; oil; drinking water; beverages; pasta; flour; sugar; salt |  |
|  | **F** | **Feed production** | Animal feed; fish feed |  |
|  | **G** | **Catering** | Hotels; restaurants |  |
|  | **H** | **Distribution** | Retail outlets; shops; wholesalers |  |
|  | **I** | **Services** | water supply; cleaning; sewage; waste disposal; product development, process and equipment; veterinary services, Islamic financial services |  |
|  | **J** | **Transport and storage** | Transport and storage |  |
|  | **K** | **Equipment manufacturing** | Industrial equipment; vending machines |  |
|  | **L** | **(Bio) chemical manufacturing** | Food additives; dietary supplements; cleaning agents; processing aids, microorganisms |  |
|  | **M** | **Packaging and wrapping material manufacturing** | packaging and wrapping material |  |
|  | **N** | **Other materials Manufacturing** | cosmetics, textile, leather products etc. |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identify the Halal product/service categories for which accreditation is sought:** | | | | | | | | |
| **Halal product/service/process and/or management system categories Table A.1 of GSO 2055-2:2021** | | | | | | | | |
| **Tick** | **Cluster** | **Category** | | **Subcategory** | | | **Examples of included activities** | **Geographical Areas** |
| ☐ | Farming | **A** | Farming of animals. | AI | | Farming of Animals for Meat/Milk/ Eggs/Honey | Raising animals (other than fish and seafood) used for meat production, egg production, milk production or honey production  Growing, keeping, trapping and hunting (slaughtering at point of hunting)  Associated farm packing and storage |  |
| ☐ | AII | | Farming of Fish and Seafood | Raising fish and seafood used for meat  production  Growing, trapping and fishing  (slaughtering at point of capture)  Associated farm packing and storage |  |
| ☐ | **B** | Farming of Plants. | BI | | Farming of Plants (other than grains and pulses) | Growing or harvesting of plants (other  than grains and pulses): horticultural  products(fruits, vegetables, spices,  mushrooms, etc.) and hydrophytes for  food  Associated farm packing and storage |  |
| ☐ | BII | | Farming of Grains and Pulses | Growing or harvesting of grains and  pulses for food  Associated farm packing and storage |  |
| ☐ | **Food and feed**  **processing** | **C** | Food manufacturing. | CI | | Halal slaughtering & Processing of perishable animal product | Production of animal products including fish and seafood, meat, eggs,dairy and fish products including cutting and packaging. |  |
| ☐ | CII | | Processing of perishable  plant products | Production of plant products including  fruits and fresh juices, vegetables,  grains, nuts, and pulses |  |
| ☐ | CIII | | Processing of perishable animal and plant products(Meat based food,mixed products) | Production of mixed animal and plant  products including pizza, lasagne, sandwich, dumpling, ready to-eat meals |  |
| ☐ | CIV | | Processing of ambient  stable products | Production of Halal food products from any source that are stored and sold at ambient temperature, including canned foods, biscuits, snacks, oil, drinking water, beverages, pasta, flour, sugar, food-grade salt |  |
| ☐ | **D** | Animal Feed production. | DI | | Production of Feed | Production of feed from a single or  mixed food source, intended for food producing animals |  |
| ☐ | DII | | Production of Pet Food | Production of feed from a single or  mixed food source, intended for nonfood  producing animals |  |
| ☐ | **Catering.** | **E** | Catering. | | | | Preparation, storage and, where appropriate, delivery of Halal food for consumption, at the place of preparation or at a satellite unit, restaurants |  |
| ☐ | **Retail,**  **transport and**  **storage** | **F** | Distribution | FI | Retail / Wholesale | | Provision of finished food products to acustomer (retail outlets, shops,  wholesalers) |  |
| ☐ | FII | Food Broking / Trading | | Buying and selling food products on its  own account or as an agent for others  Associated packaging |  |
| ☐ | **G** | Provision of  Transport and  Storage Services | GI | Provision of Transport and  Storage Services for  Perishable and ambient  stable Food and Feed | | Storage facilities and distribution  vehicles for the storage and transport  of perishable food and feed  Associated packaging |  |
| ☐ | GII | Provision of Transport and  Storage Services for  Ambient Stable Food and  Feed | | Storage facilities and distribution  vehicles for the storage and transport  of ambient stable food and feed  Associated packaging |  |
| ☐ | **Auxiliary**  **services** | **H** | Services | | | | Provision of services related to the safe production of food, including water supply, pest control, cleaning services, waste disposal. |  |
| ☐ | **I** | Production of Food Packaging and Packaging  Material | | | | Production of food packaging material |  |
| ☐ | **J** | Equipment manufacturing | | | | Production and development of food processing equipment and vending machines |  |
| ☐ | **Biochemical** | **K** | Production of (Bio) Chemicals | | | | Production of food and feed additives, vitamins, minerals, bio-cultures, flavorings, enzymes and processing aids Pesticides, drugs, fertilizers,  cleaning agents, Cosmetics, Textile and textile products, Leather and leather, products |  |

| **Identify the Halal product/service categories for which accreditation is sought:** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Halal product/service/process and/or management system categories Table A.1 of OIC/SMIIC 2: 2019** | | | | | | | | |
| **Tick** | **Cluster** | **Category** | | **Subcategory** | | **Examples of included activities** | **Geographical Areas** | |
|  | **Farming** | **A** | Farming of animals. | AI | Farming of Animals for Meat/ Milk/ Eggs/ Honey | Raising animals (other than fish and seafood) used for meat production, egg production, milk production or honey production Growing, keeping, trapping and hunting (slaughtering at point of hunting) Associated farm packing and storage |  | |
|  | AII | Farming of Fish and Seafood | Raising fish and seafood used for meat Production Growing, trapping and fishing (slaughtering at point of capture) Associated farm packing and storage |  | |
|  | **B** | Farming of Plants. | BI | Farming of Plants (other than grains and pulses) | Growing or harvesting of plants (other than grains and pulses): horticultural products (fruits, vegetables, spices, mushrooms, etc.) and hydrophytes for food Associated farm packing and storage |  | |
|  | BII | Farming of Grains slaughtering & Processing of perishable and Pulses | Growing or harvesting of grains and pulses for food Associated farm packing and storage |  | |
|  | **Food and feed processing** | **C** | Food manufacturing. | CI | Halal animal product | Production of animal products including fish and seafood, meat, eggs, dairy and fish products including cutting and packaging. |  | |
|  | CII | Processing of perishable plant products | Production of plant products including fruits and fresh juices, vegetables, grains, nuts, and pulses |  | |
|  | CIII | Processing of perishable animal and plant products (Meat based food, mixed products) | Production of mixed animal and plant products including pizza, lasagna, sandwich, dumpling, ready to-eat meals |  | |
|  | CIV | Processing of ambient stable products | Production of Halal food products from any source that are stored and sold at ambient temperature, including canned foods, biscuits, snacks, oil, drinking water, beverages, pasta, flour, sugar, food-grade salt |  | |
|  | **D** | Animal Feed production. | DI | Production of Feed | Production of feed from a single or mixed food source, intended for food producing animals |  | |
|  | DII | Production of Pet Food | Production of feed from a single or mixed food source, intended for nonfood producing animals |  | |
|  | **Catering.** | **E** | Catering. | | | Preparation, storage and, where appropriate, delivery of Halal food for consumption, at the place of preparation or at a satellite unit, restaurants |  | |
|  | **Retail, transport and storage** | **F** | Distribution | FI | Retail / Wholesale | Provision of finished food products to a  customer (retail outlets, shops, wholesalers) |  | |
|  | FII | Food Broking / Trading | Buying and selling food products on its own account or as an agent for others  Associated packaging |  | |
|  | **G** | Provision of Transport and Storage Services | GI | Provision of Transport and Storage Services for Perishable and ambient stable Food and Feed | Storage facilities and distribution vehicles for the storage and transport of perishable food and feed Associated packaging |  | |
|  | GII | Provision of Transport and Storage Services for Ambient Stable Food and Feed | Storage facilities and distribution vehicles for the storage and transport of ambient stable food and feed Associated packaging |  | |
|  | **Auxiliary services** | **H** | Services | HI |  | Provision of services related to the safe production of food, including water supply, pest control, cleaning services, waste disposal. |  | |
|  | HII | Financial services | Banking, insurance, investment funds, leasing, barter etc. |  | |
|  | HIII | Muslim friendly tourism and travel related services | Resorts, Hotels, Tourism and travel agency services, e.g., bookings etc. |  | |
|  | **I** | Production of Food Packaging and Packaging Material | | | Production of food packaging material |  | |
|  | **J** | Equipment manufacturing | | | Production and development of food processing equipment and vending machines |  | |
|  | **Biochemical** | **K** | Production of (Bio) Chemicals | | | Production of food and feed additives, vitamins, minerals, bio-cultures, flavorings, enzymes and processing aids Pesticides, drugs, fertilizers, cleaning agents |  | |
|  | **Others** | **L** | Other materials manufacturing | LI | Cosmetics | | |  |
|  | LII | Textile and textile products | | |  |
|  | LIII | Leather and leather products | | |  |
|  | LIV | NEC (Not elsewhere classified) | | |  |

**Section 2.11: For Biotechnology - Biobank Organization Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Define the Category of the biobank is sought to be accredited: (Please tick the appropriate boxes)** | | | |
|  | **Multicellular Organisms:** |  | **Microorganisms:** |
|  | Human |  | Bacteria |
|  | Veterinary |  | Nails: .............................................................. |
|  | Fungus |  | Bacteria: .......................................................... |
|  | Plant Material |  | Others (Please Identify): ….............................. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Define the Source of biological material that will be under accreditation is sought:**  **(Please tick the appropriate boxes)** | | | |
|  | Bio fluids: ..................................................... |  | Blood spot: ……………………………………………. |
|  | Cells: ............................................................. |  | Hair: …………………………………………………… |
|  | Biological Molecule: ..................................... |  | Nails: ……………………………….……………… |
|  | Tissue: ............................................................. |  | Bacteria: ……………………………….……………… |
|  | Blood: ............................................................. |  | Viruses: ……………………………………………….. |
|  | Extracts: ......................................................... |  | Whole material: ……………………………………...... |
|  | Whole Plant Material: .................................... |  | Mycelium: …………………………………………….. |
|  | Organic Solvent Extracts: ............................... |  | Spores: ………………………………………………. |
|  | Aqueous Extracts: ............................................ |  | Others (Please Identify) |
| **\* Note :** All of the Activities for Bio banking Shall be Assessed and Accredited When The Biobank sought to be accredited | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activities of the biobank are sought to be accredited: (Please tick the appropriate boxes)** | | | |
|  | Procuring |  | Preparation |
|  | Acquisition |  | Processing |
|  | Collection |  | Examination |
|  | Receiving |  | Authentication |
|  | Tagging |  | Preservation |
|  | Accessioning/logging |  | Packaging |
|  | Cataloguing/classifying |  | Managing Data |
|  | Storage |  | Distribution and Transport |
|  | Others (Please Identify) |  |  |
| **\* Note** : All of the Activities for Bio banking Shall be Assessed and Accredited When The Biobank sought to be accredited | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scope of testing for which accreditation is sought:** | | | | |
| **Category** | **Subcategory**  **(Biological Material Source)** | **Activities** | **Storage Conditions** | **Specification, Standard, Method, Technique** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **List of equipment currently used for Activities of the biobank:** | |
| **Description of equipment**  **(Include Manufacturer, Model& Serial number/Code number)** | **Methodology**  **and other relevant information** |
|  |  |
|  |  |
|  |  |
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| **List the names of the authorized staff supporting or performing bio banking activities:** | | | | |
| **No.** | **Name of the authorized Staff for biobank** | **Signature** | **Contact Details** | **Activities** |
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| **Does the organization maintain multiple sites performing bio banking activities:**  **Yes  No**  **If yes, please describe below with full addresses sites performing bio banking activities** | | | | |
| **No.** | **Sites Performing Bio banking Activities** | **Address** | **Equipment** | **Activities** |
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| **Specific governmental regulation requirements related to the biobank application:** | | | |
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| • Attach The Regulation | | | |

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| **Please indicate the type of calibration for the testing lab equipment:** | | | |
|  | External Calibration |  | Internal Calibration |
| \* In case of internal calibration for equipment used, please fill in the following two tables for the scope of the internal calibration: | | | |

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| **Please indicate the type of calibration sites** | | | |
|  | Customers premises |  | Mobile facilities |
|  | The locations of temporary sites |  | Collection sites (premises that only collect sample) |
|  | Others: …………………………………………………………………………………… | | |

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| **Measured Quantity** | **Range** | **Uncertainty Described in Calibration & Measurement Capability\*** | **Brief Description of Measurement and Equipment Used** | |
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**Section 2.12: Validation and Verification bodies:**

**Before completing the Application**

V/VBs are encouraged to review and gain competence in the application of the following standards before applying for accreditation.

* **ISO/IEC 17029:2019** – *Conformity Assessment, General principles and requirements for validation*

*and verification bodies,*

* **ISO 14065:2020** – *General principles and requirements for bodies validating or verifying*

*environmental information,*

* **ISO 14064-3:2019** – *Greenhouse gases – Part 3: Specification with guidance for the validation and*

*verification of greenhouse gas statements*,

* **ISO 14066:2011** – *Greenhouse gases – Competence requirements for greenhouse gas validation*

*teams and verification teams,* and

* **IAF MD 6** - *IAF Mandatory Document for the Application of ISO 14065 (current version)*
* **VVB Programme/ Scheme requirements (***if applicable* **)**

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| **PART 1: INFORMATION REGARDING GOVERNANCE AND MANAGEMENT** | | | |
| 1. **Describe the main activities of the V/VB and its experience conducting validation/verification activities.** | |  | |
| 1. **Documentation of Program Procedures**   Provide a list here of the main procedures defined within the ISO/IEC 17029 & ISO 14065 & ISO 14064-3 & ISO 14066 & VVB Programme/ Scheme requirements | | | |
| **List of enclosures** | | | **attached** |
| 1. Application | | |  |
| 1. Assessment checklist report - self assessment (duly filled up) | | |  |
| 1. Quality Manual, Procedures and other documentation (soft copy) | | |  |
| 1. Legal Status document | | |  |
| 1. Sample/ Template of the Validation and Verification Statements, if any | | |  |
| 1. Sample of the Validation/ Verification agreements with the client for the applied standards (if issued, else the template). | | |  |
| 1. Sample of the Mark of the applicant and Proof of its Ownership rights | | |  |
| 1. List of the total no. of personnel and no. per applied scope/ sector for - validator/ verifiers staff (full time, contract, experts), reviewer, programme/Scheme administrators, location-wise with their specialization against the scopes applied for | | |  |
| 1. List of the Validated and Verified organizations against each scope and sector | | |  |
| 1. Description of the Liability insurance held | | |  |
| 1. **Number of Employees**  * List the total number of personnel involved in the area(s) for which the V/VB seeks accreditation. * Number of Validators/ Verifiers | | |  |
| 1. **Confirmation of meeting Minimum Eligibility Requirements for accreditation** | * Has completed one Internal Audit against the applicable criteria of VVB and Accreditation standards | | . |
| * Has completed one Management Review | |  |
| * Has completed two Validations/ Verifications as per ISO/IEC 17029. Where VVB applies for  ISO/IEC 17029 along with Sector specific programme/scheme, two completed Validations and Verifications should have been done; one validation and one verification meeting Sector Programme/scheme requirement as well. | | . |
| 1. **Counties where the VVB will operate** |  | | |

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| **PART 2: SCOPE OF APPLICATION** | | | | | |
| 1. Current Recognitions/Accreditations  * List all relevant accreditations (e.g. ISO/IEC 17021, 17025, 17065, etc.) and any recognitions/accreditations related to V/V activities | | | |  | |
| 1. Type of Validation or Verification activities for which accreditation is sought: | | | | Validation of GHG reduction or removal projects  Verification of GHG reduction or removal projects  Verification of GHG inventories | |
| 1. GHG Programs  * Indicate the GHG programs for which you seek to provide accredited validation and verification (if you seek to provide accredited validation or verification for a GHG program not listed please specify those program(s)). * For each GHG program indicated, please provide a list of project types for which you seek accreditation. | Standard/ Normative documents and/ Or VVB Programme/ Scheme | | **Sector As per IAF MD 14** | | |
| Organization–Level Sector | | Project–Level Sector |
| ☐ | [Carbon Offsetting and Reduction Scheme for International Aviation (CORSIA)](https://www.icao.int/environmental-protection/CORSIA/Pages/default.aspx) | ☐ Power Generation  and Electric Power  Transactions  ☐ General Manufacturing  (physical or chemical  transformation of  materials or substances  into new products)  ☐ Oil and Gas Exploration,  Extraction, Production  and Refining, and pipeline  distribution, including  Petrochemicals  ☐ Metals Production  ☐ Aluminum Production  ☐ Mining and Mineral  Production  ☐ Pulp, Paper and Print  ☐ Chemical Production  ☐ Carbon Capture Storage  ☐ Transport  ☐ Waste handling and  disposal  ☐ Agriculture, Forestry and  Other Land Use(AFOLU)  ☐ General | | ☐ Energy Industries  (renewable/non-  renewable sources)  ☐ Energy Distribution  ☐ Energy Demand  ☐ Manufacturing  Industries  ☐ Chemical Industry  ☐ Construction  ☐ Transport  ☐ Mining/Mineral  Production  ☐ Metal Production  ☐ Fugitive Emissions  from Fuels ( solid, oil  and gas)  ☐ Fugitive Emissions  from Production and  Consumption of  Halocarbons and  Sulphur Hexafluoride  ☐ Solvents Use  ☐ Waste Handling and  Disposal  ☐ Afforestation and  Reforestation  ☐ Agriculture  ☐ Carbon Capture and  Storage of CO2 in  Geological Formations |
| ☐ | Economy of Love |
| ☐ | [Gold Standard](https://www.goldstandard.org/) |
| ☐ | VERRA - [Verified Carbon Standard](https://verra.org/project/vcs-program/) (VCS) |
| ☐ | Global Carbon Council (GCC) |
| ☐ | [ISO 14064-1:2018](https://webstore.ansi.org/standards/iso/iso140642018) |
| ☐ | [ISO 14064-2:2019](https://webstore.ansi.org/standards/iso/iso140642019) |
| ☐ | ISO 14046:2014 |
| ☐ | ISO 14044:2006 |
| ☐ | ISO 14067:2018 |
| ☐ | ISO 14016:2020 |
| ☐ | Others (please specify): |

**Part 3. Declaration by the applicant**

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| **Declaration:** |
| * I declare that I am authorized, on behalf of the organization, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief. |
| * Upon accreditation the organization agrees to comply with EGAC requirements. |
| * I enclose a copy of the quality manual (if any), EGAC relevant Assessment Checklist Report, relevant procedures, the application fees, and any needed documentation |
| * I understand the manner by which the accreditation system operates and functions. |
| * I agree to cooperate with the visit assessment team appointed by EGAC for examination of all relevant documents by them and their visits to those parts of the CAB which are part of the scope of the accreditation. |
| * I agree to comply with the accreditation procedures, pay all the costs for pre-assessment (if any), initial assessment, sequential assessment and re-assessment. |
| I agree that at any step in the application or assessment process, if there is evidence of fraudulent behavior and intentionally provide false information or conceals information, EGAC shall reject the application or terminate the assessment process. |

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| **Position** | **Name** | **Date** | **Sign** |
| **Applicant Reprehensive**  …………………………. |  |  |  |
| **EGAC Relative Accreditation Manager** |  |  |  |
| **EGAC Accreditation Director** |  |  |  |