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|  Accreditation (IA)  Reaccreditation (RA)  Special Assessment (SA) | | | | | | | |
| Type of SA:  Addition of Signatory (ies)  Extension of Scope (s) (includes change/additional method)   Change of Accommodation/Location  Reactivation of accreditation | | | | | | | |
| **1. Applicant**  (Exact name of the CAB as it is to appear on the Certificate of Accreditation) | | |  | | | | |
| **2. Address**  (Physical Location of Laboratory/Facility) | | |  | | | | |
| (House/ Building No./ Building Name) (Street Name) | | | | |
| (Barangay) (City/ Municipality) (Province) (Region) (Zip Code) | | | | |
| **3. Contacts** | | | **Telephone:** | |  | | |
| **Mobile Number:** | |  | | |
| **Facsimile:** | |  | | |
| **E-mail:** | |  | | |
| **4. Business Information** | | | **Form of Organization:** (e.g. Individual, Private, Corporate, etc.) | |  | | |
| ***Tax Identification No.:*** | |  | | |
| **Asset Size (PhP):** | |  Micro (up to P3M)   Small (above P3M to P15M)   Medium (above P15M to P100M)   Large (above P100M) | | |
| **Industry Classification:** | |  Human Health and social activities   Professional, scientific and technical activities | | |
| **Product Line/Services:** | |  | | |
| **Total no. of Employees:** | |  | | |
| **Social Media/ Website:** | |  | | |
| **Operation Time:**  (Please indicate if there  is safety orientation to undertake) | |  | | |
| **5. Authorized Representative**  (Name and title of the person who will be PAB primary point of contact for all matters relating to this application. If address, phone and fax details are not as above then please provide them as an attachment) | | | **Name:** | |  | | |
| (Prefix) (First) (Middle) (Last) (Suffix) | | |
| **Title/ Position:** | |  | | |
| **Sex:** | |  Male  Female | | |
| **Social Classification:** | |  Abled  Youth  Out- of School Youth | | |
|  PWD  Senior Citizen Indigenous Persons | | |
| **6. Accreditation Scheme**   ISO/IEC 17025 (Testing*) \_Biological testing \_Chemical testing \_Electrical testing \_Mechanical testing \_\_\_\_\_\_\_\_\_\_Others*     ISO/IEC 17025 (Calibration)  ISO 15189 (Medical)  ISO/IEC 17020 (Inspection)  ISO/IEC 17043 (Proficiency Testing) | | | | | | | |
| **7. Where did you learn about us?** | | |  PAB Promotional Activities  Customer Requirement   Regulatory Requirement  Others: \_ \_ | | | | |
| **8. Assessment Preparation**  (Please list any external Consultants/Trainers who have assisted with your assessment preparations.) | | |  | | | | |
| 9. Staff Involved in The Organization:Please indicate the number of staffs involved in the operations where accreditation is being sought: | | | | | | | |
|  | *No. of Total staff* | *No. of PWD* | *Indigenous Person* | *No. of Senior Citizen* | | *No. of Male* | *No. of Female* |
| *Management:* |  |  |  |  | |  |  |
| *Administrative:* |  |  |  |  | |  |  |
| *Technical:* |  |  |  |  | |  |  |
| *Support Staff:* |  |  |  |  | |  |  |

**EQUIPMENT USED**

#### Is Conformity Assessment Body conducting in-house calibration?

**Yes No**

If yes, submit list major equipment being calibrated by CAB, relating to the tests, inspection, calibrations or measurements for which accreditation is held or sought.

#### Is the CAB prepared for remote or hybrid assessment as the need arise (i.e with adequate, secured ICT tools and manpower for remote assessment?

**Yes No**

If yes, submit list major equipment being calibrated by CAB, relating to the tests,pr inspection, calibrations or measurements for which accreditation is held or sought.

## SCOPE OF ACCREDITATION

***Notes:***

***For Scope of Accreditation:***

*(Submit only the relevant annex applicable to the scopes being applied for)*

* + *Use Annex A for ISO/IEC 17025 (Testing)*
  + *Use Annex B for ISO/IEC 17025 (Calibration)*
  + *Use Annex C for ISO/IEC 17020 (Inspection)*
  + *Use Annex D for ISO 15189 (Medical)*
  + *Use Annex E for ISO/IEC 17043 (Proficiency Testing)*

### **Annex A: ISO/IEC 17025 (Testing)**

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| --- | --- | --- | --- | --- | --- |
| Note:   1. *Please indicate if more than one site is involved in performing these scopes.* 2. *For proficiency testing, please indicate the provider and the date of participation.* 3. *Please refer to LA/GD08 for classification of scopes* 4. *Use separate sheet for each field of application and additional sheet as necessary* | | | | | |
| **CLASSIFICATION OF SCOPES** | **SPECIFIC TESTS OR MEASUREMENTS** | **TEST METHOD** | **SIGNATORY** | **TESTING FREQUENCY PER MONTH** | **PROFICIENCY TESTING PARTICIPATED** |
| **FIELD:**  (e.g. chemical, biological, mechanical, electrical, forensic) | | | | | |
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**Annex B: ISO/IEC 17025 (Calibration)**

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| *Note:*   1. *Please indicate if more than one site is involved in performing these scope* 2. *Laboratories need to indicate and submit the budget computation for claimed uncertainties of measurement and level of confidence. The numerical value of the measurement uncertainty shall be given to, at most, two significant figures.* 3. *For proficiency testing including the measurement audit, please indicate the provider and the date of participation.* 4. *Please refer to LA/GD07 for classification of scopes* 5. *Use additional sheet as necessary* | | | | | | | |
| **CLASSIFICATION OF SCOPES** | **MEASURED QUANTITIES/**  **INSTRUMENT** | **RANGE TO BE CALIBRATED** | **CALIBRATION MEASUREMENT CAPABILITY** | **CALIBRATION METHODS USED** | **SIGNATORY** | **CALIBRATION FREQUENCY PER MONTH** | **PROFICIENCY TESTING PARTICIPATED** |
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### **Annex C: ISO/IEC 17020 (Inspection)**

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| *Note:*   1. *Please indicate if more than one site is involved in performing these scope* 2. *Use additional sheet as necessary* | | | | |
| **ITEMS/MATERIALS OR SYSTEMS INSPECTED** | **SPECIFIC TYPES AND RANGE OF INSPECTION** | **SPECIFICATION, INSPECTION METHOD OR STANDARD** | **SIGNATORY** | **INSPECTION FREQUENCY PER MONTH** |
| **Independence type:** | | | | |
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### **Annex D: ISO 15189 (Medical)**

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| *Note:*   1. *Please indicate if more than one site is involved in performing these scopes.* 2. *For proficiency testing, please indicate the provider and the date of participation.* 3. *Please refer to LA/GD06 for classification of scopes* 4. *Use separate sheet for each field of application and additional sheet as necessary* | | | | | |
| **CLASSIFICATION OF SCOPES** | **SPECIFIC TESTS OR MEASUREMENTS** | **TEST METHOD** | **SIGNATORY** | **TESTING FREQUENCY PER MONTH** | **PROFICIENCY TESTING PARTICIPATED** |
| **FIELD:**  (e.g. chemistry, microbiology, immunohematology, immunology, serology, etc.) | | | | | |
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### **Annex E: ISO/IEC 17043 (Proficiency Testing)**

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| *Note:*   1. *Please indicate if more than one site is involved in performing these scope* 2. *Use additional sheet as necessary* | | | | |
| **PT PROGRAM NAME** | **MEASURED ANALYTES/ TYPE OF PT ITEM** | **FREQUENCY** | **SIGNATORY** | **PROCEDURE FOR ESTABLISHING ASSIGNED VALUE** |
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#### Criteria and Rules

Before filing a formal application for accreditation, the conformity assessment body should ensure that its systems, procedures and facilities comply with the PAB requirements for accreditation. The conformity assessment body should also ensure that it is already familiar with the requirements, rules and procedures of the PAB. PAB staffs are available to provide guidance on the application.

#### Application Fees

Fees are revised from time to time. Please refer to the current PAB schedule of fees for laboratory and inspection body accreditation.

#### Authorized Representative

Each applicant laboratory/inspection body must appoint an “Authorized Representative”, a person who will be a PAB point of contact for all matters relating to its application. The Authorized Representative must be a senior staff member who has sufficient authority to ensure that the applicant laboratory/inspection body is properly prepared for assessment and that, following accreditation, the conformity assessment body continues to comply with the accreditation criteria at all times.

Signature over Printed Name/Date (Authorized Representative)

All application documents shall be coursed through email at pab-lad@dti.gov.ph or visit us at:

**PHILIPPINE ACCREDITATION BUREAU**

Laboratory Accreditation Division (LAD)

GF HPGV Building 395 Sen. Gil Puyat Ave. Makati City, 1209

Telephone: (02) – 8895-3995/ Fax: (02) – 8890-4688

Mobile No:09178116026