SCOPE OF ACCREDITATION

Applicant: Name (Business name)

Address incl. postcode, Company registration No

Name of workplace No 1.: Address incl. postcode

Name of workplace No 2.: Address incl. postcode

Certificate of accreditation No. \*) \*)*specify only in case of application of reassessment or extension*

**Specification of the activities of the provider of the proficiency testing for which accreditation is required:**

|  |  |  |
| --- | --- | --- |
| **Proficiency testing Provider:** | has a Laboratory | provides laboratory services by subcontracting |
|  |  |  |

| **Item** | **Field** | **Subject of proficiency testing** | **Compared properties**  **(parametrs, indicators, analytes)**  **Range compared values**  **(informative)** | **Indication of the proficiency testing program** | **Other specification** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| NOTICE: |

*Instruction for completing the table see MSA -L/01 – table A4-1.*

###### Subcontracts of proficiency testing programs

(Mark whether the subcontractor is a potential participant of proficiency testing)

|  |  |
| --- | --- |
|  | The subcontractor is a potential participant in the proficiency testing |
|  | The subcontractor is not a potential participant in the proficiency testing |

I declare the data presented in Annex OA 4 to be true and correct.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Signature: |  | | |
| Name and surname: | | |  |
| Post: | |  | |