**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 calibration laboratory activities for which accreditation is required**

|  |  |  |
| --- | --- | --- |
| **Laboratory:** | **with fixed scope** | **with flexible scope** |
|  |  |  |

*(For each range of quantities in Annex OA 1-1. part, complete the following table and/or in the case of reassessment, insert the valid scope of accreditation (with possible changes - only reduction) and in the case of extension, mark the extended activities in color and attach to the application as an Annex to the OA 1-1.)*

**(fixed scope)**

| **Item** | **Kind of gauge, measuring instrument** | **Measured quantity** | **Measuring range** | **Expanded uncertainty U (k=...)** | **Implemented methods** | | **Other**  **specifications** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type/ Principle** | **Identification** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**(flexible scope)**

| **Item** | **Kind of gauge, measuring instrument** | **Measured quantity** | **Measuring range** | **Expanded uncertainty U (k=...)** | **Implemented methods** | | **Other**  **specifications** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type/Principle** | **Identification** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| Notice: |
| **To mark the required scope of flexibility (in case the CAB requests a flexible scope of accreditation):**  Flexibility does not apply to changing the principle of the methods, measured range and CMC used in a given flexible scope.  The laboratory keeps an up-to-date list of all calibration methods with a flexible scope of accreditation on the  [www......](http://www.cab.sk/flexibilna-akreditacia/) (CAB completes the link to the website)  The principle of flexibility can be used by the laboratory within the framework of:  o in relation to the type of measure in one type of gauge, measuring instrument, the calibration method, measured range and CMC must be maintained  o modification of methods included in the flexible scope of accreditation (measured range and CMC shall be preserved). |

*It should be clearly stated in the column „Other specification” for which calibrations in laboratory is going to provide opinions and interpretations in calibration certificate* *and which calibrations in laboratory would be competent to modify and validate before accreditation expiry.*

*Instruction for completing the table see MSA -L/01 – table A1-1.*

***To be completed only in the case of laboratory with flexible scope***

**Personnel competent to modify and validate methods/develop new methods during the validity of the accreditation**

| **First and last name, titles** | **Competence to modify and validate methods/develop new methods –**  **item in in activity specification No.** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

*Instruction for completing the table see MSA -L/01 – table A1-2.*

***To be completed only in the case of providing opinions and interpretations in certificate of calibration***

**Personnel competent to express opinions and interpretations**

| **First and last name, titles** | **Capacity to express opinions and interpretations -**  **- item of activity specification No.** |
| --- | --- |
|  |  |
|  |  |
|  |  |

*Instruction for completing the table see MSA -L/01 – table A1-3.*

***To be completed only in the case of calibrations carried out in the laboratory***

**Calibrations „in-house“ / „in-home“**

(Calibrations, metrological operations performed by its own calibration laboratory)

|  |  |  |
| --- | --- | --- |
| **Calibrations** | **yes** | **no** |
| **„in-house“ / „in-home“** |  |  |

List of performed calibrations „in-house“ / „in-home“ (only in case of previous answer „yes“)

|  |
| --- |
|  |

*Instruction for completing the table see MSA -L/01 – table A1-4.*

**o** the scope of accreditation is attached in WORD format: file\_ Annex OA 1-1

I declare the data presented in Annex OA 1-1 to be true and correct.

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