c

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:** | with the Laboratory | provides laboratory services by external provided services |
|  |  |  |

(For each subject indicated in Appendix OA 4-1, complete the following table and/or in the case of re-accreditation, insert the valid scope of accreditation (with any changes - only reducing) and in the case of extension, mark the extended activities in colour and attach to the application as an appendix to OA 4-1.)

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

|  |
| --- |
| NOTICE: |

*The other specifications shall clearly indicate the frequency of providing proficiency testing during the accreditation cycle.*

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

###### External service provider of proficiency testing programs

(Mark whether the external service provider is a potential participant of proficiency testing)

|  |  |
| --- | --- |
|  | The external service provider is a potential participant in the proficiency testing |
|  | The external service provider is not a potential participant in the proficiency testing |

the scope of accreditation is attached in WORD format: file\_ Appendix OA 2-1

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

Date:

Name and surname:

Function: