

## Supporting document for the Proficiency Testing Provider Application Form

Name of Applicant Body.....

Name of Proficiency Testing Provider.....

Name of Head of the Proficiency Testing Provider.....

Applicant number/Accreditation number.....

This form contains totally ..... pages (Applicant body is requested to mark pages with page number.)

### Instructions to Applicants:

1. The Supporting document for the Proficiency Testing Provider Application Form contains the essential information pertaining to the application, assessment, review and accreditation decision of the Proficiency Testing Provider (PTP). Applicant should accurately state actual existing conditions at the time of application.
2. The Supporting document for the Proficiency Testing Provider Application Form may be downloaded from the website of the Bureau of Laboratory Accreditation (hereafter referred as the BLA) (<http://www.dss.go.th>)
3. The Supporting document for the Proficiency Testing Provider Application Form may be filled in by handwriting or typewriting; however, if by handwriting, please ensure that handwriting is clear and legible. To delete wrong entries, please strike out errors with a slash and write the exact information on top. Do not delete entries with correction liquid or tape
4. If space in this form is inadequate, please print out and continue in additional sheets and mark each page with a page number.
5. Please check page numbers for accuracy and ensure that the Head of the Proficiency Testing Provider had duly signed the form, before submit to BLA-DSS.

**Part 1: Basic Information of the Applicant Body**

1.1 Full name of the person in-charge of applicant.....

Position.....Tel.....Fax.....

E-mail address.....

1.2 Website of applicant body.....

1.3 Please describe the main businesses of the applicant body.....

.....

.....

.....

.....

.....

.....

1.4 Type of establishment (Tick in the box of the category under which establishment belongs)

- Limited Partner Ship
- Company limited
- Public Company limited
- Government Organisation
- State Enterprises
- Educational Institute
- Other (please specify).....

1.5 Objective for applicant (Tick in the box)

- Accreditation of PTP accordance to ISO/IEC 17043:2010
- Extension scope of accreditation
- Reassessment

1.6 Total number of personnel.....

1.7 Organisational chart of the body. The organisation chart should clearly reflect the applicant Proficiency Testing Provider and all its related departments or units. (Please attach)

Part 2: Basic Information of the Proficiency Testing Provider

2.1 Please describe the primary tasks of the Proficiency Testing Provider

.....  
.....  
.....  
.....

2.2 The Proficiency Testing Provider employs a total of ..... employees, and ..... of which are Proficiency Testing operation personnel

**Part 3: List of the Proficiency Testing Personnel**

3.1 Management Level Personnel

| Position                        | Full name | Education | Related technical experience | Proficiency testing item handled                            | Proficiency testing item handled |
|---------------------------------|-----------|-----------|------------------------------|---|----------------------------------|
| Head of the Proficiency Testing |           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                  |
| Quality Manager                 |           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                  |
| Technical Manager               |           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                  |
| Coordinator                     |           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                  |
| Coordinator                     |           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                  |
| Coordinator                     |           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                  |

(If space in this Form is inadequate, please print out and continue in additional sheets.)

3.2 List of Technical Experts (Please classify by fields of specialization: calibration, testing, or medical testing)

| Full name | Education | Related technical experience | Company employee  | Proficiency testing procedures attended |
|-----------|-----------|------------------------------|---|---|
|           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |

3.3 List of Statistical Experts

| Full name | Education | Related technical experience | Company employee  | Proficiency testing procedures attended |
|-----------|-----------|------------------------------|---|---|
|           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |
|           |           |                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |

(If space in this Form is inadequate, please print out and continue in additional sheets.)

Part 4: Specifications of the Accreditation Application Contents

Application for calibration field

Has the laboratory successfully executed at least one program of each Proficiency Testing item stated in the following table for accreditation and issued an official final report on the test?

Yes                       No

| Calibration item code<br>(Note 1)       | Comparison item or calibration artifacts | Frequency of PT program |
|---|--|-------------------------|
|   |  |                         |
| Review record (to be filled by the BLA) |  |                         |
|   |  |                         |

(If space in this Form is inadequate, please print out and continue in additional sheets.)

Note 1 : Calibration item code

- |                                  |                                 |
|----------------------------------|---------------------------------|
| C01 Mass                         | C02 Temperature                 |
| C03 Electrical and Frequency     | C04 Dimension                   |
| C05 Force and Torque             | C06 Pressure and Vacuum         |
| C07 Chemical                     | C08 Volume and Flow             |
| C09 Acoustics and Vibration      | C10 Force                       |
| C11 Wind                         | C12 Electrical – Magnetic field |
| C13 Radiation                    | C14 Medical Instruments         |
| C15 Chemical testing Instruments | C16 Other                       |

## Part 4: Specifications of the Accreditation Application Contents

|                               |
|-------------------------------|
| Application for Testing Field |
|-------------------------------|

Has the laboratory successfully executed at least one program of each Proficiency Testing item stated in the following table for accreditation and issued an official final report on the test?

Yes                       No

| Testing item code (Note 2)              | Testing item | Name of test | Frequency of PTP program |
|---|--------------|--------------|--------------------------|
|   |              |              |                          |
| Review record (to be filled by the BLA) |              |              |                          |
|   |              |              |                          |

(If space in this Form is inadequate, please print out and continue in additional sheets.)

Note 2: Testing item code

1. Please select the appropriate code for the testing case based on the nature of the testing required. The BLA retains the right to change code numbers without prior notice

2. Code Numbers of the Major Testing Categories as follows;

T01 metals and alloy materials and finish products;

T02 mineral substances;

T03 clay, ceramic, and related materials;

T04 petroleum and related products;

T05 paints, ink, and dyestuff;

T06 high molecule and compound materials;  
T07 woven fabrics and related products;  
T08 pulp and paper products;  
T09 food products;  
T10 pharmaceutical raw materials and Chinese and western medicine products;  
T11 cosmetics, perfume, and essential oils;  
T12 farm products;  
T13 environmental protection;  
T14 biotechnology;  
T15 medical implements and devices;  
T16 machinery, instruments, and equipment;  
T17 measurement instruments;  
T18 home consumer products;  
T19 electronic and electrical products;  
T20 information and telecommunications;  
T21 construction materials;  
T22 transportation equipment;  
T23 products for infants;  
T24 recreational, sports, and health products;  
T25 fire safety equipment;  
T26 chemical test agents;  
T27 civil engineering;  
T28 others.



Part 4: Accreditation Application Contents

Application for Medical Testing Field

Has the laboratory successfully executed at least one program of each Proficiency Testing item stated in the following table for accreditation and issued an official final report on the test?

Yes                       No

| Item code<br>(Note 3)                   | Examination item | Frequency of PTP program |
|---|------------------|--------------------------|
|   |                  |                          |
| Review record (to be filled by the BLA) |                  |                          |
|   |                  |                          |

(If space in this Form is inadequate, please print out and continue in additional sheets.)

Note 3: Medical item codes are classified under ten major categories as follows;

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| H01 Anatomic Pathology,               | H02 Clinical Chemistry,              |
| H03 Transfusion Medicine,             | H04 Hematologic,                     |
| H05 Clinical Immunology and Serology, | H06 Clinical Microbiology,           |
| H07 Clinical Toxicology,              | H08 Clinical Microscopy,             |
| H09 Cell Genetics,                    | H10 Genetics and Molecular Pathology |
| H11 Clinical Pharmacology             |                                      |

**Part 5: List of Laboratories in Self-Owned Reference Laboratory**

Please declare only laboratories in self-owned reference laboratory conducting tests related to the application matters and acting as homogeneity, stability, and reference value setting.

| Name of laboratory | Type of procedure conducted | Related proficiency testing item(s) | Accredited  | Proficiency review record (Unaccredited facility) | Remarks |
|--------------------|-----------------------------|-------------------------------------|---|---|---------|
|                    |                             |                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |         |
|                    |                             |                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |         |
|                    |                             |                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |         |
|                    |                             |                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |         |
|                    |                             |                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |         |
|                    |                             |                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |         |
|                    |                             |                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |         |
|                    |                             |                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   |         |

(If space in this Form is inadequate, please print out and continue in additional sheets.)

**Part 6: List of Proficiency Testing Sites**

In correspondence to the Part 4: Accreditation Application Contents, please state the proficiency testing execution sites of the PT provider. (Do not include the address of the collaborator.)

6.1  Same as the Proficiency Testing Provider location stated in the Application Form LA-F-201

6.2  Yes, other Proficiency Testing items or procedures (such as sample production, sample storage, sample packaging, etc.) are not conducted in the location stated in 6.1. Please declare the address and description of other work or tasks of each site.

| Item No. | Address of execution site | Work description |
|----------|---------------------------|------------------|
|          |                           |                  |
|          |                           |                  |
|          |                           |                  |
|          |                           |                  |
|          |                           |                  |
|          |                           |                  |
|          |                           |                  |
|          |                           |                  |
|          |                           |                  |

(If space in this Form is inadequate, please print out and continue in additional sheets.)

**Part 7: List of Subcontractors**

7.1 Contracted homogeneity analysis, stability analysis, and assigned value setting lab.

| Commissioned contents<br>(e.g. homogeneity analysis, stability analysis etc.) | Name of subcontractor | Related proficiency test item | Accreditation   |
|---|-----------------------|-------------------------------|---|
|   |                       |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |                       |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |                       |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|   |                       |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

7.2 Subcontractors contracted to conduct sample production or packaging, and other tasks not included in the properties presented in 7.1

| Commissioned contents<br>(e.g. sample production, sample packaging) | Name of subcontractor | Proficiency test item handled |
|---|-----------------------|-------------------------------|
|   |                       |                               |
|   |                       |                               |
|   |                       |                               |
|   |                       |                               |

(If space in this Form is inadequate, please print out and continue in additional sheets.)

**Part 8: List of Documents**

Please list all the Quality Manual, Standard Operating Procedure, Work Instruction and other related document

| No. | Title of document | Document No. | Date of issue |
|-----|-------------------|--------------|---------------|
|     |                   |              |               |

(If space in this Form is inadequate, please print out and continue in additional sheets.)

**Part 9: Table of Equipment Reference Materials and Reference Standard**

Please declare all the equipment reference materials and reference standard used in the Proficiency Testing Activity. (Do not include the equipment of the subcontractor.)

9.1 Please declare the principal instruments and equipment, and information of their tracking conditions.

| Name of instrument or equipment | Brand / model No./ serial No. | Corresponding Proficiency Testing Item under application | Calibration status   |
|---------------------------------|-------------------------------|--|--|
|                                 |                               |  | <input type="checkbox"/> No calibration required, please specify reasons:<br>.....<br><input type="checkbox"/> Calibration required, please fill out data below:<br>Calibration report <input type="checkbox"/> With <input type="checkbox"/> Without accreditation symbol<br><input type="checkbox"/> Applicant lab has conducted self-calibration;<br><input type="checkbox"/> Used independent calibrator; name of body:<br>..... |
|                                 |                               |  | <input type="checkbox"/> No calibration required, please specify reasons:<br>.....<br><input type="checkbox"/> Calibration required, please fill out data below:<br>Calibration report <input type="checkbox"/> With <input type="checkbox"/> Without accreditation symbol<br><input type="checkbox"/> Applicant lab has conducted self-calibration;<br><input type="checkbox"/> Used independent calibrator; name of body:<br>..... |
|                                 |                               |  | <input type="checkbox"/> No calibration required, please specify reasons:<br>.....<br><input type="checkbox"/> Calibration required, please fill out data below:<br>Calibration report <input type="checkbox"/> With <input type="checkbox"/> Without accreditation symbol<br><input type="checkbox"/> Applicant lab has conducted self-calibration;<br><input type="checkbox"/> Used independent calibrator; name of body:<br>..... |
|                                 |                               |  | <input type="checkbox"/> No calibration required, please specify reasons:<br>.....<br><input type="checkbox"/> Calibration required, please fill out data below:<br>Calibration report <input type="checkbox"/> With <input type="checkbox"/> Without accreditation symbol<br><input type="checkbox"/> Applicant lab has conducted self-calibration;<br><input type="checkbox"/> Used independent calibrator; name of body:<br>..... |
|                                 |                               |  | <input type="checkbox"/> No calibration required, please specify reasons:<br>.....<br><input type="checkbox"/> Calibration required, please fill out data below:<br>Calibration report <input type="checkbox"/> With <input type="checkbox"/> Without accreditation symbol<br><input type="checkbox"/> Applicant lab has conducted self-calibration;<br><input type="checkbox"/> Used independent calibrator; name of body:<br>..... |

(If space in this Form is inadequate, please print out and continue in additional sheets.)

9.2 Used reference material in the related proficiency testing procedures.

Yes

No

| Name of reference material | Brand and model No. | Source and verification record |
|----------------------------|---------------------|--------------------------------|
|                            |                     |                                |

(If space in this Form is inadequate, please print out and continue in additional sheets.)

9.3 Used reference standard in the related proficiency testing procedures.

Yes

No

| Name of reference material | Brand and model No. | Source |
|----------------------------|---------------------|--------|
|                            |                     |        |

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