



Exova
LabCred® Accreditation Scheme
APPLICATION FORM

To be completed by Exova:

LABORATORY:.....

CODE:.....

LABORATORY INFORMATION

Company / Laboratory:

Address:

Post Code:

Tel:

Fax:

email

Contact:

Position:

SCOPE OF ACCREDITATION SOUGHT

CHEMISTRY

MICROBIOLOGY

Samples

Finished Product

Raw Materials

On-line QC

Swabs

Water

Products Sampled:

Analyses: (please give a summary of the analyses and methods / techniques used)

Customers:



Exova
LabCred® Accreditation Scheme
APPLICATION FORM

MANAGEMENT

Indicate the reporting structure (names and job titles) for:
Reporting results to customers:

Internal reporting of Out of Specification results:

Complaints / Anomalous results for Customers about the Laboratory

QUALITY SYSTEM

List titles of written procedures / instructions and indicate whether records are kept.



Exova
LabCred® Accreditation Scheme
APPLICATION FORM

AUDITS

Are Internal Audits being conducted?

YES / NO

If yes:

List internal audits conducted and the frequency.

STAFF

1. List all Laboratory staff

NAME	POSITION
------	----------

QUALIFICATIONS/ EXPERIENCE

2. Provide brief details of any external training given to laboratory staff

3. Number of samples analysed per week:

Total:

Chemistry:

Microbiology:

4. Indicate normal working hours and shift patterns:



Exova
LabCred® Accreditation Scheme
APPLICATION FORM

ACILITIES

Indicate the nature and frequency of cleaning and records kept.

Floors
Work surfaces
Water baths
Water purifiers
Refrigerators / freezers

SAMPLING

EQUIPMENT

METHODS OF ANALYSIS

REAGENTS



Exova
LabCred® Accreditation Scheme
APPLICATION FORM

SUBCONTRACTED ANALYSIS

QUALITY CONTROL

1. List External Proficiency Testing Schemes used:

2. List dates of external proficiency rounds participated in, with a summary of Z scores, anomalies, investigations and corrective actions:

3. Summarise internal quality control checks eg. Use of spiked samples, certified reference materials or cultures

RETURN

Enclosures:

please submit copies of the following

- Map or directions to the Laboratory.
- Floor plan of the laboratory, indicating benches, doors, sinks, key equipment.
- All Methods of Analysis.
- A copy of the Quality Manual containing all procedures.
- 3 recent Internal Audit Reports.
- Summary of the last 3 sets of External Proficiency Results.
- A recent example of a completed results sheet.
- Minutes of the last Laboratory Review Meeting.



Exova
LabCred® Accreditation Scheme
APPLICATION FORM

DECLARATION

This application should be signed by the person responsible for the laboratory.

The laboratory is aware of the functioning of the Accreditation system and agrees to fulfil its duties of Accreditation as given in the Accreditation Standard and Introduction to the Scheme.

The information given in this application is complete and correct to the best of my knowledge.

Signed:..... Name (please print):.....

Position:.....

Date:.....

Please return completed form and enclosures to:

Scheme Administrator. Exova, 121 Shady Lane, Great Barr, Birmingham. B44 9ET

ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE