

**Exova
LabCred® Accreditation Scheme**

SURVEILLANCE ASSESSMENT APPLICATION FORM

To be completed by Exova:

LABORATORY.....CODE.....

Date of Previous Assessment:.....

Assessor/s:.....

LABORATORY INFORMATION

Company / Laboratory

Address

Post Code

Tel:

Fax:

E-mail

Contact:

Position:

SCOPE OF ACCREDITATION

Samples (*delete/cross out as applicable*)

Finished Product

Raw Materials

On-line QC

Swabs

Water

Present Scope of Analysis

CHEMISTRY

MICROBIOLOGY

Please state any methods to be deleted since previous assessment

CORRECTIVE ACTIONS

During the previous assessment Grade 3* non-compliances may have been observed, please summarise the corrective actions.

SUBCONTRACTED ANALYSIS

List analysis subcontracted and laboratory used.

RETURN BY POST OR ELECTRONICALLY (EMAIL/CD)

Enclosures:

Please submit copies of the following

- New or amended Methods of Analysis and Validation data.
- New or amended Laboratory Procedures.
- 3 recent Internal Audit Reports.
- Present and previous Audit Schedule.
- CV and Training Records for all new/promoted staff.
- Minutes of the last Laboratory Review Meeting.

Email: labcred.birmingham@exova.com

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 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.....

Electronic signatures can be used on this document.