

**ACCREDITATION QUESTIONNAIRE**

**Proficiency Tester Provider**

**Accreditation Programme**

**GENERAL INFORMATION**

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| 1.1 Name of accredited Organisation.  ,  1.2 Please provide a brief summary of the primary function of the organisation and any changes in function during the past two years.    1.3 Summary of the technical of this Technical Assessment (as stipulated in the Notification Letter from IANZ for this assessment).    1.4 CHECKLIST  With respect to the technical scope of this visit as set out in the assessment notification letter, please provide the following information:  An example Programme Manual e.g. Dairy, Drinking Water  Current staff organisation chart including consultants and technical advisors  A typical report and associated workbook/sheet/records  Statistical Procedures  Information supplied to laboratories with samples  Information on subcontractors  *Please note that in order to adequately brief the assessment team, it is necessary for IANZ to reproduce some or all of the material supplied.*  1.5 Please identify the person who completed this submission.    Name  Title  Signature Date  1.6 Please forward this submission and the documents listed above to:  International Accreditation New Zealand  **Mail:** Private Bag 28908, Remuera, Auckland 1541  **Physical:** Level 1, 626 Great South Road, Ellerslie, Auckland 1051  Email: [info@ianz.govt.nz](mailto:info@ianz.govt.nz) or the IANZ portal  For further information, contact your Programme Manager at IANZ:  **Telephone (09) 525 6655**  *Please keep at least one copy of the completed questionnaire for your files and for reference during the assessment.* |

ACCREDITATION REQUIREMENTS

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| 2.1 **Accredited** **Proficiency Testing Providers**  With reference to your current scope of accreditation, please list proficiency testing schemes for which accreditation is still required, any extensions requested and indicate those proficiency testing schemes for which accreditation is no longer required.  *(Please indicate if more than one site is involved in performing these procedures)*   * 1. Please attach a copy of your procedures manual including information on the above. | | | | |
| PROFICIENCY TEST ITEMS/MATERIALS | SPECIFIC TESTS/MEASUREMENTS | ITEM PREPARATION PROCEDURE | HOMOGENEITY TESTS/CHECKS | DISTRIBUTION ARRANGEMENTS |
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**STAFF**

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| 3.1 Please indicate the number of staff directly involved in the management of the proficiency testing scheme.  Full Time       Part Time  Under Contract  3.2(a) Please list all key staff members.  3.2(b) Name of Statistician:  3.3 Please list any key staff who have left the organisation in the last three years    3.4 Please attach a copy of the current organisation chart detailing staff positions and names | |
| NAME | JOB TITLE / RESPONSIBILITIES |
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SUB-CONTRACTORS

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| 4.1 Please list all sub-contractors used for sample preparation, homogeneity and stability testing (if applicable) |

**RECORDS**

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| 5.1 Please enclose a copy of at least one typical programme report to a laboratory, with copies of associated original records/paperwork relating to a programme listed in Section 2.1. (The data should be a copy of an actual report and actual test or measurement data not artificial examples prepared for the assessment. To maintain confidentiality, the client identification may be removed.)  Title and number of report enclosed:  Identification of records enclosed: |