

**ACCREDITATION**

**QUESTIONNAIRE**

**LABORATORY ACCREDITATION PROGRAMME**

**Gas Cylinder Testing**

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| **Laboratory name:**            **1 Accreditation Requirements**1.1 Are the details on your current Schedule to Certificate of Accreditation correct?[ ]  Laboratory Name[ ]  Address[ ]  Phone/Fax Numbers[ ]  Authorised Representative[ ]  Types of cylinders tested[ ]  Mass checking range[ ]  Types of test carried out[ ]  Pressure ranges1.2 What changes, additions or deletions are required?                   **2 Equipment**2.1 Please advise of any changes in equipment since the last assessment.                   **3 Records**3.1 Please advise of any changes to test records since the last assessment. (e.g. Computerisation)                    |
| **4 Staff**4.1 Please indicate the number of staff directly involved in the testing laboratory. Full Time  Part Time 4.2 Staff changes4.2.1 Please list new staff who have joined the laboratory since the last assessment.                   4.2.2 Please list staff who have left since the last assessment.                   4.3 Staff (Key Technical Personnel) 1. Please list all those who have been appointed as Key Technical Personnel (KTP) for IANZ endorsement of reports (the laboratory’s listing from the Quality System may be attached).
2. A brief Curriculum Vitae for each appointed Key Technical Person needs to be included.

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| **5 Attachments**5.1 Please ensure that the following documents are forwarded with this questionnaire.[ ] Application for Reassessment form (completed both sides)[ ] Key Technical Personnel CV’s[ ] Key Technical Personnel Competency Records[ ]  Quality Manual ***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.***5.2 Please identify the person who completed this submission.Name      Title      Signature Date      5.3 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 1051Email: info@ianz.govt.nz  For further information, contact your Programme Manager at IANZ:Telephone (09) 525 6655Facsimile (09) 525 2266 *Please keep at least one copy of the completed questionnaire for your files and for reference during the assessment.* |