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| **APPLICATION FOR REASSESSMENT****Reference Material Producer Accreditation Programme** | C:\Users\bra\Documents\IANZ Logo plain (cropped).jpg |

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| **1 Applicant Organisation**Name/Division/Section, etc. |   |
| **2 Accreditation Number(s)** |   |
| **3 Postal Address** Accredited Organisation/Division/Section |   |
| **4 Physical Location** Street address of the primary location of the organisation to be assessed e.g. head office. |   |
| **4a Physical Location** Street address(es) of additional sites (if more than the one noted above) to be covered by the scope of accreditation. (*These could be listed separately and provided as an attachment.)* |   |
| **5 Telephone** | Telephone   |
| **6 Website address (URL)** |   |
| **7 Applicant Ownership Details** |   |
| **8 New Zealand Business Number (NZBN)** |   |
| **9 Legal Status** *(e.g. limited liability company, partnership, local authority, etc.)* |   |
| **10 Email Invoice Address** Email address to which invoices are to be sent |   |
| **11 Chief Executive Officer** Name and title of the Chief Executive Officer of the accredited organisation. | Name Job Title  |
| **12 Authorised Representative** Name and title of the person who will be IANZ's primary point of contact for all matters relating to this accreditation. If address, phone and fax details are not as above then please provide them as an attachment. | Name  Job Title  Email  DDI Mobile  |
| **13 On-site Contact Person(s)**Include contact persons for each additional site (as an attachment) as appropriate. | Name Job Title Email  |
| **14 Accreditation Programme/Field(s) of Technology** Summary of proposed scope of work for which continued accreditation is sought. |   |
| **15 Commitment to meeting accreditation requirements**We commit to continuing to meet the requirements for accreditation as set out in the IANZ criteria documents and *Procedures and Conditions for Accreditation* including the following:We undertake to ensure that our operations, staff, facilities, and procedures will continue to fulfil the general criteria for accreditation and relevant specific criteria for accreditation.We undertake to immediately notify IANZ of any significant changes in operations, facilities, procedures or staff, which are likely to affect our accreditation or the terms in which the accreditation is expressed.We undertake to use the IANZ Accredited Reference Material Producer accreditation symbol only in a manner which is in compliance with IANZ requirements.We undertake to allow IANZ reasonable access to our operations, facilities and procedures, for the purpose of surveillance, routine and special assessments from time to time.We undertake to pay annual accreditation fees and any reasonable costs relating to such assessments.We agree to supply any information needed for the assessment of the organisation.

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| **Name** |   | **Signature** |   | **Date** |   |

*(This authorisation shall be made by appropriate senior management)* |
| **16 Notes for Applicants****Criteria and Rules**Before lodging a formal Application for Reassessment, organisations should ensure that their systems, procedures and facilities continue to meet all IANZ accreditation criteria and conditions for accreditation.**Fees**Fees are revised from time to time by the Accreditation Council. Please consult the current fee schedule (available at [www.ianz.govt.nz](http://www.ianz.govt.nz) ). Fees quoted exclude GST.**Accreditation Questionnaire**An Application for Reassessment should be accompanied by a completed relevant Reference Material Producer Accreditation Questionnaire and the supporting information requested therein. This information is used in the planning of your organisation's reassessment and in the briefing of the assessment team.

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|  **Please return this form and associated documentation to:** |
|  | **IANZ** |
| **Post** | Private Bag 28908RemueraAuckland 1541 |
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|  |
| **Physical** | Building 7, Central Park, 660-670 Great South RoadEllerslieAuckland 1051 |
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|  |
| **Telephone** | (09) 525 6655 |
| **Email** | info@ianz.govt.nz  |

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**ACCREDITATION QUESTIONNAIRE**

**Reference Material Producer**

**Accreditation Programme**

General Information

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| 1.1 Name of accredited or applicant Organisation. ,  1.2 Please provide a brief summary of the primary function of the organisation and/or any changes in function during the past three years. 1.3 Summary Scope of this Technical Assessment (as stipulated in the Assessment Notification Letter from IANZ for this assessment).     1.4 CHECKLISTPlease check that copies of the following documents are enclosed:[ ]  Documented procedures for the preparation, characterisation and assignment of values for reference materials[ ]  Key Technical Personnel appointments with Curriculum Vitae[ ]  Current staff organisation chart[ ]  Report or certificates and associated workbooks/sheet records (including from subcontractors where applicable) for each RMP area for which accreditation is being sought / is held[ ]  Internal audit report and corrective action records[ ]  Management review records[ ]  Your organisation’s documented management system (Quality Manual)[ ]  Any relevant technical standard used e.g. ISO 6141 or 6142 for calibration gases***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:** Building 7, Central Park, 660-670 Great South Road, Ellerslie, Auckland 1051Email: info@ianz.govt.nz or the IANZ portalFor further information, contact your Programme Manager at International Accreditation New Zealand.**Telephone (09) 525 6655***Please keep at least one copy of the completed questionnaire for your files and for reference during the assessment.* |

Reference Material Production Scope

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| 2.1 Please list reference materials below for which accreditation is being sought / is held for the production of, or attach a copy of your current schedule to the Certificate of Accreditation and list any desired additions/changes. Please indicate which categories you are seeking / hold accreditation:* CATEGORY A: Chemical Composition
* CATEGORY B: General Medicine
* CATEGORY C: Physical Properties
* CATEGORY D: Engineering Properties
* CATEGORY E: Miscellaneous

 See Specific Criteria for Accreditation AS LAB C11, Appendix 1 for further details.* 1. Please attach copies of procedures used to prepare, test for homogeneity and stability of, and characterise the above reference materials.
 |
| CATEGORY / REFERENCE MATERIAL | PROPERTY CHARACTERISED & RANGE OF VALUES | MEASUREMENT UNCERTAINTY | ASSOCIATED SUBCONTRACTORS (DETAILS ON NEXT PAGE) |
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Certified Reference Material Production Scope

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| 2.3 Please list certified reference materials below for which accreditation is being sought / is held for the production of, or attach a copy of your current schedule to the Certificate of Accreditation and list any desired additions/changes. Please indicate which classes you are seeking / hold accreditation:* CATEGORY A: Chemical Composition
* CATEGORY B: General Medicine
* CATEGORY C: Physical Properties
* CATEGORY D: Engineering Properties
* CATEGORY E: Miscellaneous

 See Specific Criteria for Accreditation AS LAB C11, Appendix 1 for further details.2.4 Please attach copies of procedures used to prepare, test for homogeneity and stability of, and characterise the above certified reference materials. |
| CERTIFIEDREFERENCE MATERIAL | PROPERTY CHARACTERISED & RANGE OF VALUES | MEASUREMENT UNCERTAINTY | ASSOCIATED SUBCONTRACTORS (DETAILS ON NEXT PAGE) |
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Subcontractor Information

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| 3.1 Please complete for all sub-contractors (formerly collaborators) with which the RMP has formal arrangements for the production, testing, measurement, sampling, storage and distribution of reference materials. Note that subcontractors cannot be used for project planning, the assignment of and decision on property values, authorisation of property values or the issuing of certificates (however named) for the material. |
| COMPANY NAME & PRINCIPAL CONTACT | ADDRESS & PHONE NUMBER | DESCRIPTION OF ACTIVITY IN (C)RM PRODUCTION | HOW ARE THEY DEEMED COMPETENT E.G ACCREDITED TO 17025 |
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Staff (Key Technical Personnel)

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| 4.1 Please list all those who have been appointed as Key Technical Personnel for IANZ endorsement of certificates (the organisations listing from the Quality System may be attached). A brief Curriculum Vitae for each appointed Key Technical Person needs to be included. |
| NAME | REFERENCE MATERIALS COVERED BY KEY TECHNICAL PERSONNEL APPOINTMENT |
|   |   |
| 4.2 Please list key staff who have left your organisation in the last three years.   4.3 Please attach a copy of the current organisation chart for your organisation detailing staff. [ ] 4.4 Please list staff numbers - Full time:  Part time:  |

Records

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| 5.1 Please attach at least one copy of some proposed or typical certificates you have issued.Number of reports or certificates enclosed: Number of worksheets or workbook pages enclosed: 5.2 Please attach a copy of the report of your last internal audit, together with details of any corrective actions that were found to be necessary. [ ] 5.3 Please attach a copy of your last management review record. [ ] 5.4 Please attach records demonstrating competency of any subcontractors used as identified in Section 3.1 of the questionnaire i.e. audit records, proficiency records etc [ ] 5.5 Please list any separate ISO/IEC 17025 accreditations required for testing / calibration / measurement determination if applicable (a separate application will need to be completed for the relevant additional programmes).   |