

**TECHNICAL ASSESSMENT**

**QUESTIONNAIRE**

**Laboratory Accreditation Programme**

**(Chemical, Biological, Drinking-water, MPI Recognised Laboratory 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 two years.    1.3 Summary Scope of this Technical Assessment (as stipulated in the Assessment 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:  Example methods from each of the testing services disciplines being assessed  Key Technical Personnel appointments with Curriculum Vitae  Key Technical Personnel Test Selection Forms (MPI RLP only)  Current staff organisation chart  Reports or certificates and associated workbook/sheet records  Proficiency programme results for the past 12 months and four yearly participation plan  ***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 the nominated Lead Assessor either to the address below or upload to the IANZ portal:  International Accreditation New Zealand  **Mail:** Private Bag 28908, Remuera, Auckland 1541  **Physical:** Building 7, Central Park, 660-670 Great South Road, Ellerslie, Auckland 1051  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.***  The application form allows for assessments for continuing accreditation in more than one programme. Please complete section/s as appropriate to your laboratory operation:  Section 2 (Chemical / Biological)  Section 3 (Drinking-water)  Section 4 (MPI Recognised Laboratory Programme) |

**METHODS (CHEMICAL / BIOLOGICAL PROGRAMMES)**

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| * 1. a. With reference to the scope of this assessment as identified in section 1.3 please list all new tests for which accreditation is being sought.   b. Please attach a copy of your current schedule to the Certificate of Accreditation with any deletions or alterations to the existing tests marked (updated editions, corrected wording, etc.).  2.2 a. For all new tests please attach copies of the laboratory’s documented procedures, validation/verification report, satisfactory proficiency testing results, records of KTP appointments and reports including the associated worksheet records. Please include copies of relevant reference procedures especially those which are unpublished, client supplied, difficult to obtain or in-house methods.  b. Please identify any new methods which are outside the planned technical scope of the assessment (with respect to the assessment notification letter).  c. Please attach copies of some currently accredited example methods from each of the testing services disciplines being assessed, especially those which are unpublished, client supplied, difficult to obtain or in-house methods. | | | |
| PRODUCT / MATRIX | SPECIFIC TESTS /  MEASUREMENTS | METHODS USED | MEASUREMENT UNCERTAINTY AND / OR LIMITS OF DETECTION |
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**METHODS (DRINKING-WATER PROGRAMME)**

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| * 1. a. With reference to the scope of this assessment as identified in section 1.3 please list all new tests for which accreditation is being sought.   b. Please attach a copy of your current schedule to the Certificate of Accreditation with any deletions or alterations to the existing tests marked (updated editions, corrected wording, etc.).  3.2 Please indicate if the laboratory enters data directly into the Hinekōrako database, delete as appropriate.  (Yes / No)  3.3 a. For all new tests please attach copies of the laboratory’s documented procedures, validation/verification report, satisfactory proficiency testing results, records of KTP appointments and reports including the associated worksheet records. Please include copies of relevant reference procedures especially those which are unpublished, client supplied, difficult to obtain or in-house methods.  b. Please identify any new methods which are outside the planned technical scope of the assessment (with respect to the assessment notification letter).  c. Please attach copies of some currently accredited example methods from each of the testing services disciplines being assessed. | | | |
| PRODUCT / MATRIX | SPECIFIC TESTS /  MEASUREMENTS | METHODS USED | MEASUREMENT UNCERTAINTY AND / OR LIMITS OF DETECTION |
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**METHODS (MPI Recognised Laboratory Programme)**

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| * 1. a. With reference to the scope of this assessment as identified in section 1.3 please list all new tests for which accreditation is being sought.   b. Please attach a copy of your current schedule to the Certificate of Accreditation with any deletions or alterations to the existing tests marked (updated editions, corrected wording, etc.).  4.2 a. For all new tests please attach copies of the laboratory’s documented procedures, validation/verification report, satisfactory proficiency testing results, records of KTP appointments and reports including the associated worksheet records. Please include copies of relevant reference procedures especially those which are unpublished, client supplied, difficult to obtain or in-house methods.  b. Please identify any new methods which are outside the planned technical scope of the assessment (with respect to the assessment notification letter).  c. Please attach copies of some currently accredited example methods from each of the testing services disciplines being assessed. | | | |
| PRODUCT / MATRIX | SPECIFIC TESTS /  MEASUREMENTS | METHODS USED | MEASUREMENT UNCERTAINTY AND / OR LIMITS OF DETECTION |
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**STAFF (KEY TECHNICAL PERSONNEL)**

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| * 1. a. 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).   b. A brief Curriculum Vitae for each appointed Key Technical Person needs to be included.  c. For MPI RLP laboratories please attach a completed RLP KTP Test Selection Form (<https://www.ianz.govt.nz/programmes/mpi-rlp>) for each appointed KTP. | |
| NAME | CLASSES OF METHODS COVERED BY KEY TECHNICAL PERSONNEL APPOINTMENT |
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| 5.2 Please list any Key Technical Personnel or key staff who have left your organisation in the last two years.    5.3 Please attach a copy of the current organisation chart for your organisation detailing staff.  5.4 Please list staff numbers:  Full time  Part time | |

**RECORDS**

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| 6.1 a. Relating to the new methods provided in Section 2.1, 3.1 and 4.1, please attach one copy of some proposed or typical reports that your laboratory has issued, covering each testing services discipline being assessed, with copies of associated original data (such as worked examples of worksheets or pages from workbooks). (The data should be copies of actual test or measurement or observation data. To maintain confidentiality, the client identification can be removed).  b. With reference to the scope of this assessment as identified in section 1.3 please forward copies of a typical reports with associated worksheets.  Number of reports or certificates enclosed:    Number of worksheets or workbook pages enclosed:    6.2 a. Please attach copies of any proficiency programme results (relating to the new methods listed in Section 2.1, 3.1, and/or 4.1). |

**PROFICIENCY TESTING**

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| 7  Proficiency plan enclosed  Please provide the laboratory’s proficiency plan covering a **four year** accreditation cycle as per the requirements of IANZ TP2 Participation in Proficiency Testing Activities Policy.  The assessment team will review the proficiency testing records available as per the documented plan which will be kept on file for follow up at future assessments. |