



PAPUA NEW GUINEA LABORATORY ACCREDITATION SCHEME

**APPLICATION FOR LABORATORY ACCREDITATION**

*This form will assist in the processing of application for laboratory accreditation. Return a completed copy to:*

Assistant Director  
 PNGLAS  
 P O Box 3042  
 Boroko  
 National Capital District  
 Papua New Guinea

Phone: (675) 323 1852 / 311 2146  
 Fax: (675) 325 8793  
 Email: [labaccreditation@nisit.gov.pg](mailto:labaccreditation@nisit.gov.pg)  
 Website: [www.nisit.gov.pg](http://www.nisit.gov.pg)

**Application Fee (new and renewal: Please enclose a cheque of K1800 payable to the National Institute of Standards and Industrial Technology with this application form (provide original receipt if fees are deposited directly to NISIT account).**

LABORATORY INFORMATION			
<b>Application Type:</b>	New application <input type="checkbox"/>	Renewal without change <input type="checkbox"/>	Renewal with change <input type="checkbox"/>
	Advisory visit required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		One Year <input type="checkbox"/>	Two Years <input type="checkbox"/>
<b>Availability of Service:</b>	Public testing service <input type="checkbox"/>	Conditionally available for public testing <input type="checkbox"/>	Normally not available for public testing <input type="checkbox"/>
<b>Name of Testing Authority:</b>			
<b>Name of Laboratory:</b>			
<b>Street Address:</b>			
<b>City, Province, Town:</b>			
<b>Telephone Number:</b>	(    )	<b>Fax:</b>	(    )
<b>Mailing Address: (if different from above)</b>			
<b>Website Address</b>	http://		

**PRIMARY ACCREDITATION CONTACT:** Please provide name of the laboratory's Authorised Representative who is responsible for the information provided in this application and for ensuring compliance with the requirements for PNGLAS Accreditation. (see note 3)

<b>Name and Title of Authorised Representative :</b>			
<b>Mailing Address: (if different from above)</b>			
<b>Telephone Number:</b>	(    )	<b>Fax:</b>	(    )
<b>Email:</b>			

**FIELD OF TESTING AND SCOPE OF ACCREDITATION:** Please check the appropriate box(es) below for the Field of Testing(s) or calibration for which accreditation is sought. Specific test(s) must be detailed in section 1 and section 2 of the AID for renewal applicant laboratories and new applicant laboratories respectively.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Acoustic & Vibration Measurement | <input type="checkbox"/> Biological Testing  | <input type="checkbox"/> Chemical Testing              | <input type="checkbox"/> Electrical Testing |
| <input type="checkbox"/> Heat & Temperature Measurement   | <input type="checkbox"/> Mechanical Testing  | <input type="checkbox"/> Medical Testing               | <input type="checkbox"/> Metrology          |
| <input type="checkbox"/> Non-destructive Testing          | <input type="checkbox"/> Optics & Radiometry | <input type="checkbox"/> Construction Material Testing |   |

*This form will initiate the enrolment of your laboratory in applicable on-site assessment and proficiency testing programs. By signing this form, the laboratory agrees to comply with all PNGLAS accreditation requirements including policies, rules and the "Agreement" below.*

<b>NAME AND TITLE OF APPLICANT:</b>	
<b>SIGNATURE OF APPLICANT:</b>	<b>DATE:</b>

<b>For office use only:</b>	AID <input type="checkbox"/>	LQM <input type="checkbox"/>	TMM <input type="checkbox"/>	Agreement Signed <input type="checkbox"/>	LAW <input type="checkbox"/>	IPA Certificate <input type="checkbox"/>
Application #:	Application Fee Rec'd. <input type="checkbox"/>	Application Accepted <input type="checkbox"/>	Application Rejected <input type="checkbox"/>			
Application Reviewed by:	_____	Date:	_____			

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## AGREEMENT

### TO ATTAIN AND MAINTAIN ACCREDITATION, THE APPLICANT AGREES TO:

- (a) Cooperate as necessary to enable PNGLAS to verify compliance with the requirements for accreditation, including provision for examination of documentation and access to all testing areas, records and personnel for the purposes of assessment, surveillance, reassessment and resolution of complaints;
- (b) Comply at all times with the requirements (including participation in any proficiency testing specified), and these conditions for accreditation;
- (c) Claim that it is accredited only with respect to services for which it has been granted accreditation and which are carried out in accordance with these conditions;
- (d) Pay prescribed fees or reimburse all expenses related to accreditation as shall be determined by PNGLAS within 30 days of receiving the invoice(s). Reimbursable expenses include, but are not limited to travel expenses, accommodation and staff time;
- (e) Not to use its accreditation in such a manner as to bring PNGLAS into disrepute and not make any statement relevant to its accreditation which PNGLAS may consider misleading or unauthorized;
- (f) Upon suspension, withdrawal or expiration of its accreditation (however determined) discontinue its use of all advertising matter that contains reference thereto and return any certificates of accreditation to PNGLAS;
- (g) Not to use its accreditation to imply product approval by PNGLAS unless permitted by a specific PNGLAS program;
- (h) Endeavour to ensure that no certificate or report, nor any part thereof, is used in a misleading manner;
- (i) Comply with the requirements of PNGLAS in making reference to its accreditation status in communication media such as advertising, brochures or other documents;
- (j) Inform PNGLAS, without delay, of changes in any aspect of the laboratory's status or operation that affect the laboratory's legal, commercial or organizational status; organization or management (e.g., managerial staff); policies or procedures, where appropriate; premises; personnel, equipment, facilities, working environment or other resources, where significant; authorized signatories; or such other matters that may affect the laboratory's capability, or scope of accredited activities, or compliance with the criteria, requirements and conditions for accreditation;
- (k) Inform PNGLAS if the laboratory is denied, has had suspended, or otherwise loses its accreditation for testing with any other recognized governmental or private accrediting body and provide an explanation for the reason the accreditation was denied, suspended or lost. Failure to inform PNGLAS within thirty (30) days of the denial, suspension or loss of an accreditation will be grounds for immediate suspension of the laboratory's accreditation by PNGLAS; and
- (l) Carry out any adjustments to its procedures in response to due notice of any intended changes by PNGLAS to the criteria, requirements, or conditions for accreditation, in such time as, in the opinion of PNGLAS, is reasonable.

- (m) Accept liability for loss or damage related to the conformity assessment activities performed by this testing laboratory within the scope of this application.

An accredited laboratory's **AUTHORISED REPRESENTATIVE** is responsible for ensuring that all of the relevant conditions for accreditation are met.

As the applicant laboratory's **AUTHORISED REPRESENTATIVE**, I agree to the above conditions for accreditation. I attest that all statements made on this application are correct to the best of my knowledge and belief.

_____	_____
<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
_____	_____
<b>NAME OF APPLICANT (PLEASE PRINT OR TYPE)</b>	<b>TITLE</b>