



Hong Kong Laboratory Accreditation Scheme

HOKLAS 018

Assessment/Reassessment Questionnaire for Proficiency Testing Provider

For initial applications for accreditation and applications for extension of scope of accreditation, this questionnaire should be completed and submitted to the HKAS Executive together with the application form HOKLAS 005 and all relevant documents as listed in the checklist on page 2.

For subsequent assessments, this completed questionnaire together with any completed supplementary questionnaires must be returned to the HKAS Executive two months before the scheduled reassessment date accompanied by the relevant documents.

Fees payable for assessments are calculated in accordance with :

HOKLAS 006	Schedule of Accreditation Fees for Laboratories within the Hong Kong Special Administrative Region, or
HOKLAS 013	Schedule of Accreditation Fees for Laboratories outside of the Hong Kong Special Administrative Region.

You should study the latest versions of the following documents before completing this questionnaire.

HKAS 002	Regulations for HKAS Accreditation
HOKLAS SC No. 34	Accreditation Regulations Specific for HOKLAS – Proficiency Testing Provider
HOKLAS 017	Technical Criteria for Accrediting Proficiency Testing Providers

HONG KONG ACCREDITATION SERVICE

36/F., Immigration Tower, 7 Gloucester Road, Wanchai, Hong Kong.

Tel : 2829 4840

Fax : 2824 1302

E-mail : hkas@itc.gov.hk

The personal data collected will be used for accreditation purpose only.

Attachment Checklist

Before sending this completed questionnaire to HKAS Executive, please check that all required documents are attached and confirm by ticking the appropriate boxes below. Please submit electronic copies of the requested documents listed below as far as possible.

- Initial Assessment &/or Extension of Scope &/or Reassessment
- Application fees (for initial applications and applications for extension of accreditation only, no application fees are charged for reassessments), in the form of a cheque payable to **The Government of the Hong Kong Special Administrative Region**. In addition to application fees, assessment fees will be charged. Applicants will be informed of the exact amounts when the on-site assessments have been arranged.
- Documents authenticating that the applicant organisation is, or is part of, a legal entity.
- Quality manual
- Operation procedure manual
- Other quality documentation; please specify
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- Promotional material of the proficiency testing scheme (e.g. brochure, information for applicants)
- Latest audit schedule
- Records of the latest management review
- CV's and copies of qualification documents for key personnel
- Copies of agreements with each programme leader
- PT provider's organisation charts, with key positions clearly identified with names
- Plan of the proficiency testing scheme to be assessed (including details for each PT programme of the scheme)
- Copies of agreements with each subcontractor
- Instructions to participants of each programme under the proficiency testing scheme
- Sample result form submitted by participants of each programme to be assessed
- Sample reports for each proficiency testing round of programme(s) to be assessed
- Proficiency testing programme/scheme annual report, if applicable
- Evidence of competence of the provider's testing facility (the organisation's or the subcontractor's laboratory)
- Confirmed scope of accreditation
- Other documents, please specify

SCOPE OF ACCREDITATION

For applications for accreditation and applications for extension of scope of accreditation, the proficiency testing programme/scheme proposed for accreditation should be detailed in the “Scope of Accreditation Sought” table on pages 4 and 5.

For reassessments, the “Scope of Accreditation to be Reassessed” will be sent to the organisation together with the letter informing it of the forthcoming reassessment. The organisation should check the scope carefully and minor changes should be annotated. The reviewed scope should then be signed for confirmation and returned to HKAS Executive together with an updated completed questionnaire and checklist. If major additions to the scope of accreditation are requested, the organisation should consult HKAS Executive on whether an application for extension of scope of accreditation should be submitted.

Scope of Accreditation Sought (for application for accreditation or extension of scope of accreditation only)

Specify as precisely as possible below the scope of accreditation sought. Please attach any relevant brochure usually sent to participants of the proficiency testing scheme. Please enter in the table below the programmes offered under the proficiency testing scheme

Proficiency Testing Provider (i.e. organisation running the scheme):

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<p>HOKLAS Test Category for which the Programme is designed (Please include discipline if it is for Medical Testing) e.g. Construction materials Medical Testing – Chemical Pathology</p>	<p>Test Area for which the Programme is designed e.g. Steel testing Hormones</p>	<p>Frequency e.g. Once per month; four times per year</p>	<p>Number of proficiency test items per round e.g. 5 nos.</p>	<p>Detailed description of proficiency test items (Please include physical description) e.g. Reinforcing bars or structural steel sections Lyophilized serum</p>

Photocopy this sheet if required.

Subcontractors' Information

Please complete this chart for all subcontractors with which the PT provider has formal arrangements for the production, testing, measurement, sampling, storage, and distribution of the proficiency test items (i.e. PT materials/samples or measurement artefacts), and for data processing.

Name of subcontractor	Contact person	Address and phone number	Description of activity / service rendered	Accreditation status

Photocopy this sheet if required.

General Information

Name of Organisation
(* See Note 1)

Proficiency Testing Provider's name, if different
from above
(e.g. Textile Division Lab.)

General description of the organisation and the
PT provider including its history

Address
(Physical address of the PT provider)

Telephone

Fax

E-mail

Address
(for correspondence)

Hong Kong

Kowloon

N.T.

Telephone

Fax

E-mail

* Note 1 – Organisation is the legal identity of the Proficiency Testing Provider. It may be a Government Department, Instrumentality, Company, Statutory Body or other legal entity.

Authorised Representative

Name

Position

Address
(if different from the correspondence address)

Hong Kong Kowloon N.T.

Telephone

Fax

E-mail

Signature

Date

Information on the Proficiency Testing Scheme

Name of the Proficiency Testing Scheme

[i.e. Name of the scheme used in information provided to participants]

HOKLAS Test Category (Please state which HOKLAS Test Category(ies) the proficiency testing activity is designed for and please include discipline if it is for Medical Testing)	Proficiency Testing Programmes offered under the above named Scheme (Please include all programmes - seeking accreditation or already accredited or not accredited)

Management Requirements

Organisation

Legal Status

Please give details of the legal status of your organisation (i.e. the organisation under which accreditation is granted or sought).

Yes/No	Please give details of the relationship between the PT provider and the organisation
<ul style="list-style-type: none"> - a government department? - a statutory body? - a limited company? - an unlimited company? - a sole proprietor? - other? (please specify) 	

Activities

Yes/No	If yes, please describe
<ul style="list-style-type: none"> - an organisation with activities in addition to organising proficiency testing? - are these “additional activities” the main activities? 	

Participants

The Proficiency Testing Scheme is available to

Yes/No	Expected number of participants
<ul style="list-style-type: none"> - local participants only - local and overseas participants 	

Size of PT provider

- number of people working for the provider

Note If the provider is part of an organisation, include only the number of people that contribute to the implementation of the PT programmes, please indicate full time or part-time involvement

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- number of subcontractors (collaborators)

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Management Requirements (cont'd)

Management System

Quality Manual

Please provide a copy of the quality manual and related quality documents, such as operation procedure manual. Any further comments should be stated below or on separate sheets.

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Technical management

Please give a general description of technical management structure relevant to the scope of accreditation

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Details of the members of the technical management team

Name	Position	Area of responsibility

Quality Manager

Name

Position

Deputy management

(please give a general description of the deputy management for members of the technical management team and for the quality manager)

Scope and function

(please describe the scope and function of the PT provider)

Management Requirements (cont'd)

Records

Please provide sample results from participants and sample report for each proficiency testing round of each programme. List the documents provided.

Internal audit

(please refer to HOKLAS Supplementary Criteria No.7 on Internal Audits and Management Reviews) Please provide a copy of the latest audit schedule. Any further comments should be stated below.

Management review

(please refer to HOKLAS Supplementary Criteria No.7 on Internal Audits and Management Reviews) Please provide a copy of the latest management review record. Any further comments should be stated below.

Technical Requirements

Personnel

Coordinator of the Proficiency Testing Scheme

(Person who has overall responsibility for the PT Scheme. The coordinator may be the same or different person from the Authorised Representative)

Name	<input type="text"/>
Position	<input type="text"/>
Qualifications	<input type="text"/>
Experience in organizing proficiency testing	<input type="text"/>
Date started to be responsible for the PT Scheme	<input type="text"/>

Leaders in charge of the proficiency testing programmes to be assessed

PT Programme	Programme Leader	Qualifications	Experience in the Relevant Testing Field

Organisation chart

Please provide a copy of the organisation charts of the PT provider to be assessed. The charts should show the position of the PT provider within the parent organisation, if applicable. The key positions with respect to the work to be assessed should be clearly identified with names. Any further comments should be given below.

Technical Requirements (Cont'd)

Personnel (Cont'd)

Other key staff (Attached extra sheets if necessary)

For staff members occupying key positions as identified in the organisation charts of the division/unit, please provide their names, qualifications, experience, positions and dates appointed.

Personnel changes (Applicable only for reassessments)

Please give details of any changes to personnel relevant to the PT programmes to be reassessed since the last assessment/reassessment.

Subcontractors

Please provide sample returns e.g. data analysis, result forms, reports, etc from each subcontractor according to their role. If the subcontractor is a non-accredited laboratory, please also provide evidence of competence. Any further comment should be given below.

Technical Requirements (Cont'd)

Organisation and Design Logistics

Please provide a detailed plan of the Proficiency Testing Programmes of the Scheme to be assessed. Any further comment should be given below.

Please explain the PT provider's **access to technical expertise**, for example, formation of an advisory group. If any advisory group is formed for this function, please state the membership of the advisory group for the scheme, and for each programme, where applicable, and describe the role and responsibility of each member.

Conduct of Proficiency Testing Scheme

Please give a copy of the instructions provided to participants of the Proficiency Testing Programme / Scheme. Any further comments should be given below.

Technical Requirements (Cont'd)

Data Analysis and Interpretation of Scheme Results

Please describe the data processing system (including equipment and software) and the statistical methods used.

Evaluation of performance

Please give a brief description of the methods for assessing the performance of participants.

Proficiency testing scheme reports

Please provide a copy of a sample interim report issued after each proficiency testing round of programme(s) to be assessed and a copy of the proficiency testing programme / scheme annual report, if applicable. Any further comments should be given below.

Communication with Participants

Please provide a copy of the scheme information provided to potential participants (with instructions on how to apply). Any further comments should be given below.

Checklist for Providers

The following checklist has to be completed by the Proficiency Testing Provider applicant or those already accredited who wishes to be assessed for accreditation for extension of scope for accreditation or to be reassessed. It will be used to assess conformity with HOKLAS requirements.

The checklist consists of questions based on the requirements of ILAC G13: 2007, ISO/IEC Guide 43: 1997-1, HKAS 002 and HOKLAS Supplementary Criteria No. 34. For further information, please refer to the clause as listed in the column for the corresponding document.

The laboratory should indicate under the “QM Clause” column, for every question, the relevant clause(s) in their quality manual and operation procedures manual or other related documents that cover that requirement.

The column headed “*” is for internal use of HKAS Executive.