

HOKLAS 007 Annex I – Scope of Accreditation Sought (for new application for accreditation or extension of scope of accreditation only)

Name / Registration number of CAB: |

Address of the CAB where the following activity(ies) is/are conducted: |

Please specify as precisely as possible below the scope of accreditation sought.			
TEST CATEGORY	ITEM TESTED OR MEASURED	SPECIFIC TEST OR PROPERTY MEASURED (including range of measurement)	SPECIFICATION, STANDARD METHOD OR TECHNIQUE USED <sup>1</sup>

Calibration and measurement capability (CMC) or limits of reporting (where appropriate)	Test/Calibration procedure <sup>2</sup>	Number of tests/calibrations performed within the past 12 months	Experience <sup>3</sup>	Sample test/calibration record <sup>4</sup>	Sample test/calibration report/certificate <sup>5</sup>

Notes :

- 1. Specifications quoted in the this column should be of national or international standards or those published by reputable technical organisations or in relevant scientific texts or journals. In the absence of such standard specifications, documented and validated in-house methods may be quoted.
- 2. Please state the identification numbers of the laboratory internal technical procedures for the tests/calibrations listed in columns 3 and 4.
- 3. Please state the approximate experience of the laboratory in performing the test/calibration, in number of years or months.
- 4. Please state the identification numbers of the sample test/calibration records provided.
- 5. Please state the identification numbers of the sample test/calibration reports provided.

\* All tests within the same test category listed in the above table will NOT be processed separately. HKAS Executive will issue a notification letter to grant accreditation for all these tests only when the laboratory has demonstrated its conformity with the relevant accreditation criteria.

Replicate this sheet if required.