



Hong Kong Laboratory Accreditation Scheme

HOKLAS 018

Assessment/Reassessment Questionnaire for Proficiency Testing Providers (Based on ISO/IEC 17043:2023)

For an initial application for accreditation or an application for extension of scope of accreditation, this questionnaire should be completed and returned to the HKAS Executive together with the application form HOKLAS 005 and all relevant documents as listed on page 2. HKAS Executive will only process an initial application for accreditation or an application for extension of scope of accreditation when the completed forms (HOKLAS 005 and HOKLAS 018) and the required application fee are received.

For a reassessment, the accredited proficiency testing (PT) provider is also required to complete and submit this questionnaire together with the relevant documents to HKAS Executive at least one month before the scheduled date of reassessment.

Fees payable for assessments are calculated in accordance with:

HOKLAS 006 (for organisations within the Hong Kong Special Administrative Region)

You should study the latest version of the following documents before completing this questionnaire:

HKAS 002
HKAS SC-06
HOKLAS SC-34
ISO/IEC 17043:2023
HKAS PD 003

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

- Notes:
1. Any personal data provided in this form will be retained and used by HKAS for accreditation purpose only. The personal data may be disclosed to members of the assessment team.
 2. It is obligatory for you to provide all the personal data requested in this form. If you do not provide sufficient information, we may not be able to process the application.
 3. The data subjects have the rights to obtain a printed copy of their own personal data held by HKAS and request for correction of their personal data. Please contact HKAS at the above address for access to and correction of the personal data.

List of Documents to be submitted ⁴

(Please tick the boxes below as appropriate)

This Questionnaire is for :

- Initial Assessment Extension of Scope Reassessment

List of Attachments (for initial assessment and extension of scope only)

- Application fees ⁵ in the form of a cheque or an *e-Cheque payable to **The Government of the Hong Kong Special Administrative Region**.

*Application fees can be paid by e-Cheque through the 'Pay e-Cheque' portal <https://www.payecheque.gov.hk>. Please contact HKAS if special arrangement is required.

- Documents authenticating that the PT provider is a valid legal entity or part of a valid legal entity
- Management system manual or documentation
- Operation procedure manual ⁶
- Promotional material of the proficiency testing (PT) scheme (e.g. brochure, information for applicants)
- Latest internal audit schedule and vertical and horizontal audit reports
- Summary of the findings of the latest management review
- Records for identifying risks to impartiality
- CV's and copies of qualification documents for key personnel including any nominees for signatory approval as applicable
- Copies of agreement with each external service provider and relevant sample records e.g. data analysis records, result forms, reports, etc. from them according to their role.
- PT provider's organisation chart(s) ⁷, with names, positions and responsibilities of key personnel clearly identified
- Details of the proficiency testing scheme(s) to be assessed (including development history, design and validation of the PT scheme)
- Agreed duties and responsibilities of each external service provider
- Instructions to participants of each proficiency testing scheme
- Sample result form submitted by participants of each scheme to be assessed
- Sample reports ^{8,9} and the associated records of design and planning for each proficiency testing round of scheme(s) to be assessed
- Proficiency testing scheme annual report, if applicable
- Evidence of competence of the PT provider's testing or calibration facility (the organisation's or the external service provider's facility)
- Records for identifying risks and opportunities
- Code of conduct
- Other documents, please specify

Notes

4. For a reassessment, the required documents listed in the briefing notes will be provided to the organisation separately by HKAS Executive.
5. An application fee will be charged for an initial application and an application for extension of scope of accreditation. No application fee is required for a reassessment. In addition to the application fee, an on-site assessment fee will be charged. The PT provider will be informed of the exact amount of assessment fee once the on-site assessment has been arranged.
6. Operation procedure manuals refer to supporting procedures of the management system manual.
7. Please provide a copy of the organisation chart(s) of the PT provider, including the division/unit in which the activities to be assessed is performed. The chart(s) should show the relationship between the PT provider and its parent organisation, where applicable.
8. Please provide copies of representative interim and final reports for each proficiency testing round of scheme(s) to be assessed. These reports should contain results and information of real proficiency testing and should be recent.
9. For application for accreditation and application for extension of scope of accreditation, the selection of sample reports is at the discretion of the PT provider. It is necessary to provide a separate report for every round of each proficiency testing scheme. Proficiency testing rounds with similar report format may be represented by a common report.

SCOPE OF ACCREDITATION

For an initial application for accreditation or an application for extension of scope of accreditation, the proficiency testing scheme proposed for accreditation should be detailed in HOKLAS 018 Annex I – ‘Scope of Accreditation Sought’ table.

For a reassessment, the ‘Scope of Accreditation to be Reassessed’ should have been sent to the proficiency testing provider together with the letter informing the proficiency testing provider of the forthcoming reassessment. The proficiency testing provider should check the scope carefully, mark minor changes to the scope with justification, sign to confirm the ‘Scope of Accreditation to be Reassessed’ and return the confirmed scope to HKAS Executive together with this completed questionnaire.

For any voluntary suspension/termination of activities from the Scope of Accreditation, a copy of HKAS 009 – Notification of Changes shall be completed and returned together with the confirmed scope of accreditation to be reassessed to HKAS Executive.

General Information

Organisation's name (Both English and Chinese)
(* See Note 10)

Proficiency testing provider's name, if different from above

General description of the organisation and the proficiency testing provider including their major activities, history and relationship

Physical address of the proficiency testing provider

Hong Kong Kowloon N.T.

Telephone Fax E-mail

Correspondence address
(if different from the physical address)

Hong Kong Kowloon N.T.

Telephone Fax E-mail

* Note 10 – The organisation's name should be the name of the legal entity that owns the proficiency testing provider. It may be a government department, instrumentality, company, person operating a proficiency testing provider or other types of legal entity.

Questionnaire completed by

Name

Position

Telephone

Fax

E-mail

Authorised Representative

Name

Position

Address

(if different from the correspondence address)

Hong Kong

Kowloon

N.T.

Telephone

Fax

E-mail

Information on the Proficiency Testing Scheme

Name of the Proficiency Testing Provider

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

Proficiency Testing Scheme Category (Please include all schemes offered by the Proficiency Testing Provider)	Accreditation Status of the Scheme Please indicate whether the scheme is (a) seeking accreditation in this application; (b) already accredited since <i>MM/YY</i> ; OR (c) not accredited	Number of Round(s) operated (in the past two years)	Total Number of Participants

Regulations for HKAS Accreditation (HKAS 002)

The Obligations of an Applicant or Accredited Organisation (HKAS 002, Section 5)

Was there any convicted case of unlawful act related to integrity and impartiality of your organisation, management and/or staff in the past 24 months?

- No.
 Yes. Details are provided below. (Please use additional sheet if necessary)

Declaration of the Authorised Representative

I, the undersigned, declare that the information given in this questionnaire is correct to the best of my knowledge and belief.

Signature of the Authorised Representative

Date

General Requirements (ISO/IEC 17043:2023, Section 4)

Impartiality (ISO/IEC 17043:2023, Section 4.1.4)

Please identify threats to the impartiality of the PT provider, arising from its activities, from its relationships, or from the relationships of its personnel. If a threat to impartiality is identified, please demonstrate how the PT provider eliminates or minimizes such threat.

Confidentiality (ISO/IEC 17043:2023, Section 4.2)

Please explain how the PT provider protects information obtained or created during the performance of proficiency testing activities.

Structural Requirements (ISO/IEC 17043:2023, Section 5)

Organisation

(The organisation under which accreditation is granted or sought)

Legal status

Is your organisation:

- a government department?
- a statutory body?
- a company incorporated in or outside Hong Kong?
- a sole-proprietorship or partnership organisation?
- other? (please specify)

If the PT provider is a part of an organisation, please give details of the line of authority and the relationship of other parts within the same organisation.

Other activities

Does your organisation conduct other activities in addition to proficiency testing related operation? If yes, please give details on those activities.

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Customers

Does the PT provider provide service

- internally? Yes No

- to the public? Yes No

Percentage of work

Office size

What is the total number of staff members?

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What is the floor area occupied ?

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Participants

The Proficiency Testing Scheme is available to

- local participants only

- local and overseas participants

Yes/No	Expected number of participants

Size of PT provider

- what is the total number of staff members working for the PT provider

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

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- number of external services / products provider

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Scope and function

Please describe the scope and function of the PT provider

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Personnel in charge of the implementation, maintenance and improvement of the management system (ISO/IEC 17043:2023, Section 5.6)

Name	Position	Area of responsibility

Technical personnel

Please provide below details of the key technical personnel

Name	Position	Area of responsibility

Resource Requirements (ISO/IEC 17043:2023, Section 6)

Personnel (ISO/IEC 17043, Section 6.2)

Nominees for signatory approval

Please list below the person(s) to be considered by HKAS Executive as approved signatories of HKAS endorsed proficiency testing reports.

NAME (as on HKID card)	PT SCHEME NOMINATED TO BE APPROVED SIGNATORY	POSITION IN PROFICIENCY TESTING PROVIDER'S ORGANISATION	EXPERIENCE IN ORGANISING PROFICIENCY TESTING SCHEMES	NEW APPLICANT OR EXISTING SIGNATORY OF AN ACCREDITED SCHEME

Information on the contact details of the person-in-charge of the Proficiency Testing Scheme

PT SCHEME	NAME OF PERSON-IN-CHA RGE	AFFILIATION	QUALIFICATIONS	EXPERIENCE IN RELEVANT TESTING FIELD	EXPERIENCE IN ORGANISING PROFICIENCY TESTING

Resource Requirements (ISO/IEC 17043:2023, Section 6) (Cont'd)

Personnel (ISO/IEC 17043, Section 6.2) (Cont'd)

Key personnel (Please attach additional sheets if necessary)

Please provide below the name, qualifications, experience, current position and date of appointment for each staff member occupying key positions as defined by the proficiency testing provider and shown in the organisation chart. The staff members shall include those in the management that have overall responsibility for the proficiency testing provider.

Key Personnel				
Name	Position	Date appointed	Qualifications	Experience

Changes in key personnel (applicable to reassessment only)

Please give details of any change in key personnel relating to the scope of accreditation to be reassessed since the initial assessment or the last reassessment. If there is any change(s) in approved personnel from those listed in the last notification letter, please also submit HKAS 009 – Notification of Changes.

Name	Current or Last Position	Details of changes	Effective Date	Follow up actions, if any

Process Requirements (ISO/IEC 17043:2023, Section 7)

Design and planning of Proficiency Testing Schemes (ISO/IEC 17043:2023, Section 7.2)

Please provide details of the proficiency testing scheme(s) to be assessed (including development history, design and validation of the PT scheme). 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 each scheme, where applicable, and describe the role and responsibility of each member.

Process Requirements (Cont'd)

Evaluation and reporting of PT Scheme Results (ISO/IEC 17043:2023, Section 7.4)

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

Evaluation of performance (ISO/IEC 17043:2023, Section 7.4.2)

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

Surveillance of the processes (ISO/IEC 17043:2023, Section 7.5.3)

Please give a brief description of the surveillance activities to ensure the validity of the PT scheme.

Management System Requirements (ISO/IEC 17043:2023, Section 8)

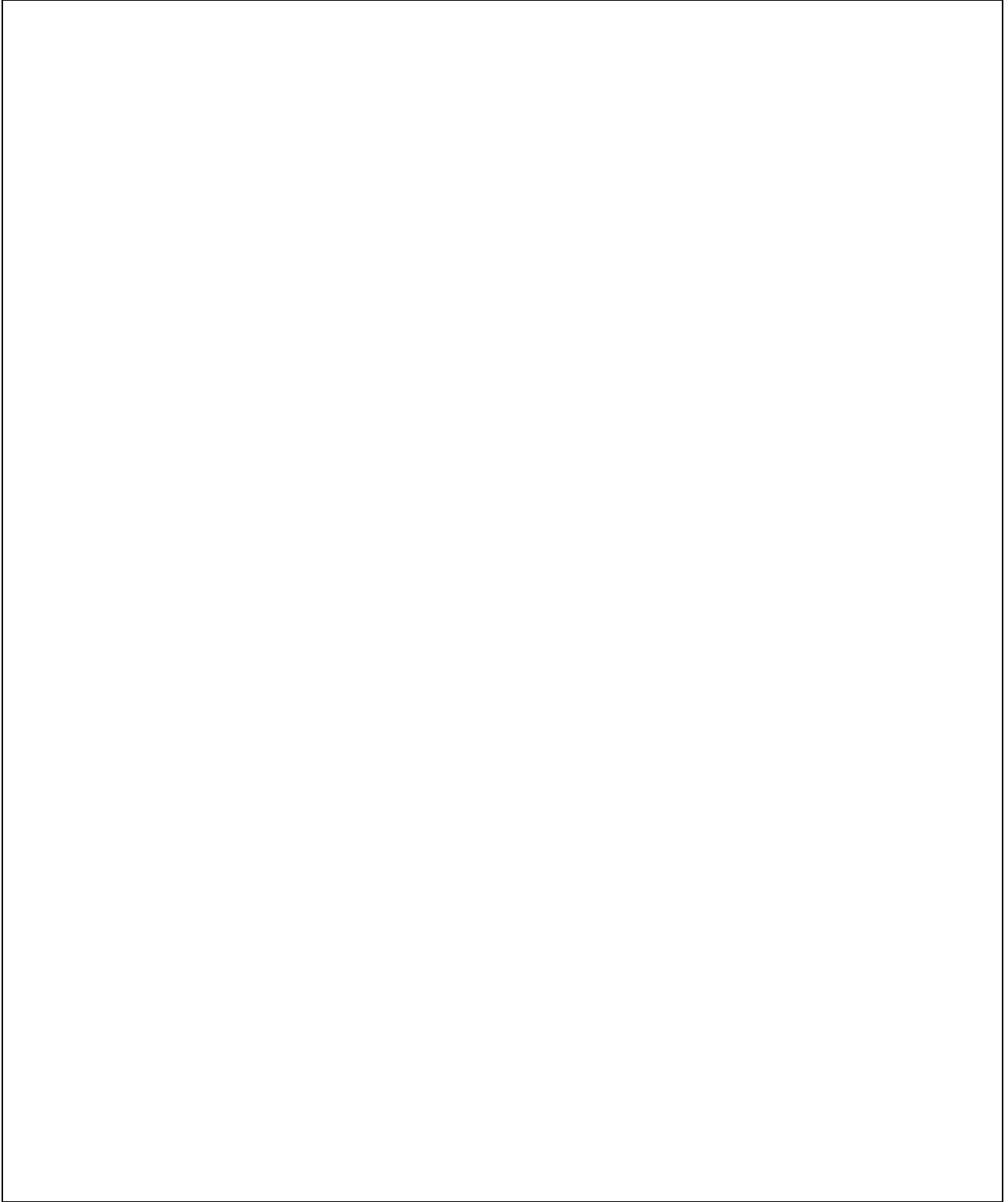
Quality Management

Please list the personnel responsible for establishing, documenting, implementing, maintaining and improving the management system.

Name	Position	Area of responsibility

Other Information

Any other supplementary information should be provided below.

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Annex I - Scope of Accreditation Sought

(For an initial application or extension of scope of accreditation application only)

Annex II – Checklist