



Hong Kong Laboratory Accreditation Scheme

HOKLAS 018

Assessment/Reassessment Questionnaire for Proficiency Testing Provider

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 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)

HOKLAS 013 (for organisations outside of the Hong Kong Special Administrative Region)

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

HKAS 002

HKAS SC-06

HOKLAS SC-34

HOKLAS 017:2016

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 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.payechecque.gov.hk>. Please contact HKAS if special arrangement is required.

- ☐ Documents authenticating that the proficiency testing provider is a valid legal entity or part of a valid legal entity
- ☐ Management system manual
- ☐ Operation procedure manual ⁶
- ☐ Promotional material of the proficiency testing scheme (e.g. brochure, information for applicants)
- ☐ Latest audit schedule and audit reports
- ☐ Summary of the findings of the latest management review
- ☐ CV's and copies of qualification documents for key personnel including any nominees for signatory approval as applicable
- ☐ Copies of agreement with each subcontractor and relevant sample records e.g. data analysis records, result forms, reports, etc. from them according to their role. If the subcontractor is subcontracted with testing or calibration activities for which it is not accredited, please also provide evidence of competence.
- ☐ 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 subcontractor
- ☐ Instructions to participants of each proficiency testing scheme
- ☐ Sample result form submitted by participants of each scheme to be assessed
- ☐ Sample reports ^{8,9} for each proficiency testing round of scheme(s) to be assessed
- ☐ Proficiency testing scheme annual report, if applicable
- ☐ Evidence of competence of the provider's testing facility (the organisation's or the subcontractor's laboratory)
- ☐ Code of conduct
- ☐ Other documents, please specify

Notes

4. For a reassessment, the required documents are listed in the AF15 form which will be provided to the organisation separately.
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 proficiency testing 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 proficiency testing provider, including the division/unit in which the activities to be assessed is performed. The chart(s) should show the relationship between the proficiency testing 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 proficiency testing provider. It may not be 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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

Technical Requirements

Personnel

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 PT SIGNATORY	POSITION IN PROFICIENCY TESTING PROVIDER'S ORGANISATION	EXPERIENCE IN ORGANISING PROFICIENCY TESTING SCHEMES	NEW APPLICANT OR EXISTING SIGNATORY OF AN ACCREDITED SCHEME

Coordinator(s) of the Proficiency Testing Scheme

PT SCHEME	NAME OF COORDINATOR	AFFILIATION	QUALIFICATIONS	EXPERIENCE IN RELEVANT TESTING FIELD	EXPERIENCE IN ORGANISING PROFICIENCY TESTING

Technical Requirements (Cont'd)

Personnel (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

Technical Requirements (Cont'd)

Design of Proficiency Testing Schemes

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.

Technical Requirements (Cont'd)

Data Analysis and Evaluation of Proficiency Testing 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.

Management Requirements

Organisation

(The organisation under which accreditation is granted or sought)

Legal Status

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

Yes/No	If the proficiency testing provider is a part of the 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 organising proficiency testing?
- are these 'additional activities' the main activities?

Yes/No	If yes, please describe

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 provider

Note If the 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 subcontractors

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Management Requirements (cont'd)

Management System

Technical management

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

Details of the members of the technical management team

Name	Position	Area of responsibility

Management Requirements (cont'd)

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

Other Information

Any other supplementary information should be provided below.

Annex I - Scope of Accreditation Sought

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

Annex II – Checklist