HELLENIC
ACCREDITATION
SYSTEM

APPLICATION FOR LABORATORY ACCREDITATION ACCORDING TO THE STANDARD ELOT EN ISO/IEC 17025:2017

Please type or print using CAPITAL LETTERS

Part 1. Organization

1.0 Body details

Name of Organization *: **Year Founded:** **Legal Form:** **(Attach Statutory Documents of the legal entity of the Organization, i.e. Official Gazette, Shareholding)**
Address: **Area Code:** **Tel.:** **FAX:** **Email address:** **VAT:** **Revenue Office:**
Name of person in charge for contacts with ESYD:

***** The complete description of the structure to which the laboratory belongs is stated, i.e. AUTH / Chemical Engineering Dept. / Organic Chemistry Laboratory

1.1 Name and position of person authorized for this application

First Name:	**Surname:**
Position:	

1.2 Name and address of parent organization (if different from entries of table 1.0)

Name:	
Address:	
Tel.:	**FAX:**

1.3 Address where invoice is to be sent (if different from the address of the organization in table 1.0)

Address:
Tel: **FAX:**

Part 2. Personnel

Please state the name, technical qualifications and relevant experience of the following personnel:

2.1 Technical Manager appointed by the Management regarding technical responsibility

Name	
Technical Qualifications	
Relevant Experience	
Position within the Organization	

2.2 Responsible person appointed by the Management regarding responsibility for the management system

Name	
Technical Qualifications	
Relevant Experience	
Position within the Organization	

2.3 Complaint Manager

Position within / Relation with the Organization	

Part 3. Scope of Application

3.1 Calibration:

State all the measurement parameters for which accreditation is sought.

Field of measurement (see Table A, page 7):

Calibration Laboratory Equipment	Equipment Traceability	Measurand	Standards Applied	Measurement Range	Measurement Uncertainty (**α**) **β**

α : for level of confidence not less than 95%

β : the corresponding interval of confidence is to be stated

3.2 Testing:

State all the testing parameters for which accreditation is sought.

Field of Testing (see. Table A, page 7):

Technical Equipment (Instruments)	Materials / products to be Tested (Description)	Test Description / Measurand / Property	Applied Standards / Methods	Measurement Range	Measurement Uncertainty (**α**) **β**

α : where applicable, for level of confidence not less than 95%

β : The corresponding interval of confidence is to be stated

3.3 Sampling:

State all the sampling activities for which accreditation is sought.

Field of Sampling (see. Table A, page 7):				
Technical Equipment (Instruments)	Materials / products to be Sampled (Description)	Sampling Description / Measurand / Property	Applied Standards / Methods	Measurement Uncertainty (**α**) **β**

α : where applicable, for level of confidence not less than 95%, you are kindly requested to make a statement regarding sampling contribution to the total uncertainty

β : The corresponding interval of confidence is to be stated

3.4 Does the laboratory take responsibility on behalf of its customer regarding the sampling for testing /calibration included in the requested scope of accreditation?
Uses subcontractors or its own staff as long as it takes responsibility.

Yes	No

TABLE A

FIELD OF CALIBRATION		**FIELD OF TESTING**	
Field	**Description**	**Field**	**Description**
1	Electrical Measurements: dc & lf	1	Acoustical
2	Electrical Measurements: rf & microwaves	2	Ballistic
3	Mechanical Measurements & Force	3	Chemical
4	Fluids: Measurements of flow, pressure, viscosity and density	4	Corrosion
5	Optical Measurements	5	Dimensional
6	Temperature Measurements	6	Electrical
7	Radiation Measurements	7	Electromagnetic Compatibility
8	Thermal conductivity Measurements	8	Environmental
9	Chemical analysis and reference materials	9	Fire
10	Hardness Measurements	10	Geological
11	Acoustic Measurements	11	Health and Hygiene
12	Humidity Measurements	12	Information Technology and Telecommunications
13	Accelerometry Measurements	13	Mechanical
14	Magnetic Flux Measurements	14	Metallurgical
15	Optical Fiber Measurements	15	Microbiological
16	Mass Measurements	16	Non-destructive
17	Dimensional Measurements	17	Performance
18	Other Measurements	18	Physical
		19	Safety
		20	Sampling
		21	Other Tests

Part 4. Available Quality System

A. Please answer each question adding comment wherever necessary.

	Yes	No	Description of Activities / Other comments
1. Does the laboratory have Option A or Option B? (par. 8.1 ISO/IEC 17025:2017)			
2. Has the laboratory made a recent management review? If yes, it is attached.			
3. Has the laboratory carried out internal inspections of the activities of the management system? The program is attached.			
4. Describe briefly the information management system used by the laboratory (par. 7.11 ISO/IEC 17025:2017)			
5. Describe Laboratory policy on subcontracting and how subcontractors are assessed (concerns activities included in the requested accreditation field).			
6. Does the laboratory formulate opinions and interpretations on the activities requested?			
7. Describe the operation of the laboratory in relation to the existence of one or more permanent establishments and the existence of on-site activities (on site).			
8. Describe the ways in which traceability of measurements for testing / calibration / sampling is established (e.g. calibration of equipment, use of standards, reference materials, etc.)			

B. Conformity with the Accreditation Standard ELOT EN ISO/IEC 17025:2017 and ESYD Regulations RA

Do you consider that your laboratory fulfils the Accreditation Standard ELOT EN ISO/IEC 17025:2017 and ESYD Regulations RA?

Yes ☐ No ☐

If not, which points are in non-agreement and when do you anticipate correcting the non-conformity?

Points of non-conformity	Corrective action (date)

Part 5. Other Approvals

Please state in detail recent approvals received by your laboratory regarding its competence in calibrations/ testing.

Name and address of Approval Body	Scope of accreditation / approval and certificate number (if such exists)	Accreditation period	
		Start	End

Part 6. Declaration (Law 1589/ 86)

6.1 The organization is applying for accreditation to ESYD for:
(please check appropriate boxes)

Calibration ☐
Testing ☐
Sampling ☐

6.2 I accept the performance of a pre-assessment* according to ESYD PA YES • NO •

6.3 After accreditation, the laboratory is bound to continue fulfilling the requirements of ESYD which are stated in detail in the documents ELOT EN ISO/IEC 17025:2017 and ESYD RA as well as in any other specified publication.

6.4 The following documentation which concerns the Quality Management System – QMS is submitted electronically:

6.4.1 Quality Manual (if applicable) •

6.4.2 QMS Procedures • Other Documents •

6.4.3 Do you perform internal calibrations in specific quantities? Yes • No •
If yes, in which quantities?
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6.4.4 For Calibration Laboratories: Submission of calculation of uncertainty measurements and uncertainty budget - Calculations example for all the quantities of the scope (obligatory)

6.4.5 For Testing Laboratories performing internal calibrations: Submission of calculation of uncertainty measurements and uncertainty budget - Calculations example for one quantity.

6.4.6 Other Documentation •
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6.4.7 Other Documentation

- Processes Schematic representation (Annex B, B.5 ISO/IEC 17025:2017) ☐
- Risk assessment for impartiality ☐

- Scope of activities in accordance with the par. 5.3 ISO/IEC 17025:2017 ☐
- Management system areas and laboratory activities where risk-based approach has already been used and relative documentation ☐

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*A pre-assessment is not mandatory and is carried out before the assessment after the documented acceptance of the applicant. The pre-assessment is strongly recommended for avoiding further problems during the assessment.

6.5 I understand the way the accreditation system functions.
6.6 I declare that the information presented in this document is correct.
6.7 I shall provide the assessment team with any necessary information and shall facilitate the conduct of the assessment.
6.8 I undertake the payment of all fees to ESYD, in accordance with the policy of ESYD regarding accreditation fees, regardless of the granting or not of accreditation and declare that we will pay in due time the surveillance fees for maintaining the accreditation status.
6.9 I enclose the application fees.

Legal Representative's Signature _____ Date _____