



Perry Johnson Laboratory Accreditation, Inc.

APPLICATION / QUESTIONNAIRE

(Strictly Confidential)

Section A

1. Name and address of laboratory or Reference Material Producer (this is the name and address which will appear in the PJLA, Inc., Accreditation Services Directory, etc.)		
Name		
Address		
Phone:	Fax:	E-Mail:
2. Name and address of parent organization (if different from above). Will this parent organization be part of the accreditation? Yes _____ No _____		
Address		
Phone:	Fax:	E-mail:
3. Name, position (executive level) of applicant.		
Name		Title
Phone:	Fax:	E-mail:
4. Name, position of Organization's/Laboratory's Liaison with PJLA, Inc.		
Name		Title
Phone:	Fax:	E-mail:
5. Number of staff employed by organization: Technicians _____ Support Staff _____ Total: _____		
a. How many technicians are sampling, testing or performing calibrations outside of your facility? _____ If activities are being conducted outside of your facility, please indicate the locations of where these technicians reside. (if different than the location of your main facility):		
b. How many shifts of employees are involved with the testing/calibration/RMP activities? _____		

<p>6. Is this Lab internal to a larger company doing other activities? (N/A for RMP – proceed to section 7)</p> <p>(If the answer to 6 is yes, answer a thru e).</p> <p>a. Are the other activities the main activities? b. Describe the nature of the other activities?</p> <p>c. Does the laboratory undertake testing/calibration for its own organizations? d. Does the laboratory undertake testing/calibration for outside organizations? e. Enclose an organization chart showing the outline of the organization and the chain of command from the highest executive at that location down to the laboratory head.</p>	<p>___ Yes ___ No</p> <p>___ Yes ___ No</p> <p>___ Yes ___ No</p> <p>___ Yes ___ No</p> <p>___ Yes ___ No</p>
<p>7. Has the laboratory or RMP been assessed by any other accreditation bodies in the past?</p> <p>If yes, please indicate the assessment, which covered the testing/calibration included in this application, and enclose copies of the approval certificates concerned.</p> <p>Name/address of accreditation bodies:</p> <p>Scope of accreditation or approval number of certificate, if any:</p> <p>Period of Accreditation:</p> <p>Start Date: _____ Expiry Date: _____</p> <p>Reason for seeking transfer of accreditation if applicable (i.e. cost, service etc.)</p>	<p>___ Yes ___ No</p> <p>___ Yes ___ No</p>
<p>When will the facility be ready for pre-assessment? _____ Six months</p> <p>A preferred date is the week of _____</p> <p>When will the facility select its laboratory/RMP accreditation organization? _____</p> <p>COMPLETED BY:</p> <p>Signature _____</p> <p>Name _____</p> <p>Title _____</p> <p>Date _____</p> <p>Return to: Perry Johnson Laboratory Accreditation, Inc. Attn: President/Operations Manager 755 W. Big Beaver Road, Suite 1325 Troy, MI 48084, email to: pjlabs@pjlabs.com fax to: (248) 213-0737</p> <p style="text-align: center;">PLEASE MAKE SURE TO COMPLETE THE APPROPRIATE SECTIONS B, C or D.</p>	

Section B-Calibration

8. In the table below, please specify your preferred scope of accreditation. Continue on additional supplementary sheets, if necessary. From this information, we can better determine how much time on-site is necessary to evaluate your laboratory. If you need assistance in completing this section, please refer to PL-4 Policy on Calibration Scopes of Accreditation, found on our website at www.pjilabs.com under the PJLA document section.

CALIBRATION (INDICATE ALL FIELDS THAT APPLY) ** SEE BELOW**	MEASURED QUANTITY, INSTRUMENT OR GAUGE	RANGE (AND SPECIFICATION WHERE APPROPRIATE)	BEST MEASUREMENT CAPABILITY EXPRESSED AS AN UNCERTAINTY (+/-)	STANDARDS USED, REFERENCE DOCUMENTS, OTHER RELEVANT INFORMATION RELATED TO CALIBRATION/DEVICE IDENTIFIED
<i>EXAMPLE-Mass Calibration</i>	<i>Analytical Balance</i>	<i>0 mg to 50 g</i>	<i>0.000 15 mg to 0.01 mg</i>	<i>Class 1 weights</i>

- Electrical Calibration** – (i.e. Voltage, Current, Amperage)
- Dimensional Calibration**- (i.e. Gage Block, CMM, Caliper, Pin Gage, Micrometer, Optical Comparator)
- Time & Frequency Calibration**- (i.e. Stopwatch, Frequency Counter)
- Acoustic Calibration**- (i.e. Sound, Vibration)
- Mass Calibration**- (i.e. Balances, Weight Sets)
- Thermodynamic**- (i.e. Thermocouple, Relative Humidity Meter, Thermometer)
- Chemical Calibration**- Calibration of instrumentation used for chemical analysis (i.e. pH Meter, Conductivity Meters and IR Spectrophotometer)
- Mechanical Calibration**- (i.e. Hardness Machines, Force, Torque, Tension, Flow Meter, Colorimeter, Gloss Meter, Pressure Gages)

**NOTE: Accurate and complete information in this section will provide PJLA with the necessary information to provide you with the most accurate quote for services to be provided by PJLA.

Section D –Reference Material Producer

10. In the table below, please specify your preferred scope of accreditation. Continue on additional supplementary sheets, if necessary. From this information, we can better determine how much time on-site is necessary to evaluate your organization. Please attach your catalog, equipment list related to the items listed below. If you need assistance in completing this section, please refer to WI-8 –Work instruction for setting up scope of accreditation-Reference Material Producer, found on our website at www.pjilabs.com under the PJLA document section.

If ISO/IEC 17025 accreditation is also being applied for, please refer to Section C of this application and complete the appropriate fields. See ILAC G12:2000 Appendix B for more details and examples

REFERENCE MATERIAL CATEGORIES (INDICATE ALL FIELDS THAT APPLY) **SEE BELOW**	CRM, RM or Both	ITEMS, MATRIX, MATERIALS OR PRODUCTS	SPECIFIC CONSTITUENTS OR PROPERTIES	SPECIFICATION, STANDARD, METHOD OR TECHNIQUE USED	RANGE, if applicable
<i>EXAMPLE- Chemical Composition</i>	<i>RM</i>	<i>Environmental Soils and sludges</i>	<i>Trace elements</i>	<i>ICP, ICP/MS, Spectrophotometry</i>	<i>0.1 to 10, 000 ug/L</i>
	CRM <input type="checkbox"/> RM <input type="checkbox"/> Both <input type="checkbox"/>				
	CRM <input type="checkbox"/> RM <input type="checkbox"/> Both <input type="checkbox"/>				
	CRM <input type="checkbox"/> RM <input type="checkbox"/> Both <input type="checkbox"/>				
	CRM <input type="checkbox"/> RM <input type="checkbox"/> Both <input type="checkbox"/>				

- ❑ **Chemical composition:** Reference materials, being either pure chemical compounds or representative sample matrices, either natural or with added analytes (e.g. animal fats spiked with pesticides for residues analysis), characterized for one or more chemical or physicochemical property values..
- ❑ **Biological and clinical properties:** Materials similar to Chemical, but characterized for one or more biochemical or clinical property values
- ❑ **Physical properties:** Materials characterized for one or more physical property values, e.g. melting point, viscosity, density.
- ❑ **Engineering properties:** Materials characterized for one or more engineering property values (e.g. hardness, tensile strength, surface characteristics, etc).
- ❑ **Miscellaneous:** Other materials not defined in the other categories

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