#### **LA 202-3 IB**

#### Issue 1, 05 April 2024

**DEPARTMENT OF STANDARDS MALAYSIA**

**MALAYSIA INSPECTION BODIES ACCREDITATION SCHEME (MIBAS)**

## Extension of Branch Application Checklist

Note: Please complete this checklist and submit the following documents to the Department of Standards Malaysia together with your application.

**Name of Inspection Body**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Particulars** | **Yes √** | **No √** | **Remark, if any** |
| 1 | Application form (LA 201 IB), duly signed and completed |  |  |  |
| 2 | Scope of accreditation sought (LA 201 IB) attached and appropriately listed (as per item Appendix A of LA 201 IB) |  |  |  |
| 3 | Legal Status indicated or copy of ROC certificate provided |  |  |  |
| 4 | Curriculum Vitae/ Work Experience of nominated signatories |  |  |  |
| 5 | Information on Participation in PT activities (LA 1501-3 IB) and PT Plan (LA 1501-5 IB) (if any) |  |  |  |
| 6 | Inspection Body Quality Manual submitted |  |  |  |
| 7 | Inspection Body Operating Procedure submitted |  |  |  |
| 8 | Inspection Method Manual submitted |  |  |  |
| 9 | Work Instruction submitted (optional) |  |  |  |
| 10 | Internal Audit Report |  |  |  |
| 11 | Management Review Minutes |  |  |  |

## Confirmed by Inspection Body’s representative (however named)

Name: …………………………………………………………………… Signature: ………………………………………………………………………… Via email: ………………………………………………………………………

Date: ………………………………………………………………………..



**For the Department of Standards Malaysia’s use only:**

1. File ref. no: JSM/AD-700/03/01/……

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Particulars | Yes **√** | No **√** | Remark, if any |
| 1. | Application sought is within the Department of Standards Malaysia’s scope offered.  Note: If application not within scope or not within the Department of Standards Malaysia capability send a rejection letter. |  |  |  |

1. Proposed Lead Assessor: ……………………………………………………………………………… (The Proposed Lead Assessor has verbally declared non conflict of interest with the applicant on …………………………………………………………………)

Name of Officer in Charge: ………………………………………………………………………

Prepared by: Signature: ……………………………………………………………………… Date: ………………………………………………………………………



**Approved / Not approved** (by MIBAS Manager)

Comment (if any)……………………………………………………………………………………………………………………………………………………………………………………………………………………………………… Signature: ………………………………………………….……………………………………… Date: …………………………………………………………...……………