**Name of laboratory:…………………………………………….        File ref. no.: JSM/AD-700/01/05/…….**

**SAMM no.:…………………………………**

**Name of Satellite Laboratory**: **…………………………………………………………………………**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Particulars** | **Yes √** | **No √** | **Remark, if any** |
| 1 | Application form (LA 202EXT MT), duly signed and completed |  |  |  |
| 2 | Scope of accreditation sought attached and appropriately listed (as per item **Appendix A** of LA 202EXT MT)  |  |  |  |
| 3 | Legal Status indicated or copy of ROC certificate (same as the central laboratory/office) |  |  |  |
| 4 | Organisation chart for both Central & Satellite Laboratory |  |  |  |
| 5 | Information on Participation in PT activities (LA 1501-3 MT) and PT Plan (LA 1501-5)  |  |  |  |
| 6 | Curriculum Vitae / Work Experience of key personnel  |  |  |  |
| 7 |  Laboratory Quality Manual |  |  |  |
| 8 | Procedure Manual (Laboratory’s Standard Operating Procedure (SOP) and Test/Calibration Method) (Optional) |  |  |  |
| 9 | Internal Audit Report |  |  |  |
| 10 | Management Review Minutes |  |  |  |

## Confirmed by laboratory’s representative (however named)

Name: …………………………………………………………………………….………………………. Signature: ………………………………….………………..…………………………………

Date: ……………………………….………………………..…………………

**For Standards Malaysia’s use only:**

1. File ref. no: JSM/AD-700/01/05/……

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Particulars** | **Yes √** | **No √** | **Remark, if any** |
| 1 | Application sought is within Standards Malaysia’s scope offered. If not within scope, send a rejection letter.  |  |  |   |

1. Proposed Lead Assessor: …………………………………………………………………………………………………………………………………………

(The Proposed Lead Assessor has verbally declare non conflict of interest with the applicant on \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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

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

**Approved / Not approved** (by SAMM MT Manager)

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