

AC 4: Testing Laboratory Accreditation



ORGANISATION DETAILS	
Organisation Name	Element Materials Technology Warwick Ltd
UKAS Ref (Existing Customers Only)	0026

STANDARD

ISO/IEC 17025

Sector Schemes / Other
(e.g. MCERTS, DWTS)



Details: [Click here to enter text.](#)

Is this application in support of an application to a UK competent authority for the purposes of appointment as a notified body? Yes* No

If 'Yes' then please provide details: [Click here to enter text.](#)

*Please ensure that your organisation has signed a [Notified Body Confidentiality Waiver](#) allowing UKAS to share relevant information with the competent authority

Scope(s) Requested:

Your application cannot be processed unless the relevant technical procedures are submitted. When in-house developed or non-standard methods are proposed, the validation data must also be supplied.

No.	MATERIALS / PRODUCTS TESTED	TYPES OF TEST / PROPERTIES MEASURED / RANGE OF MEASUREMENT ¹	STANDARD SPECIFICATIONS / TECHNIQUES USED ²	DESCRIPTION OF EQUIPMENT USED	O & I ³
1	Aircraft avionic equipment	Cable bundle Single stroke Waveform 1 all levels Waveform 2 all levels Waveform 3 @1 & 10 MHz all levels (applied current limited to 100A) Waveform 4 levels 1-4 Waveform 5A all levels	DO 160 C,D,E,F,G section 22 MIL 461 – CS117	Lightning waveform test generators Oscilloscope Voltage and current probes	<input type="checkbox"/>

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2	Aircraft avionic equipment	Cable bundle Multiple burst Waveform 3 @1 & 10 MHz levels 1-4	DO 160 C,D,E,F,G section 22 MIL 461 – CS117	Lightning waveform test generators Oscilloscope Voltage and current probes	<input type="checkbox"/>
3	Aircraft avionic equipment	Cable bundle Multiple stroke Waveform 1 levels 1-3 Waveform 2 levels 1-4 Waveform 3 @1 & 10 MHz levels 1-4 Waveform 4 levels 1-4 Waveform 5A all levels	DO 160 C,D,E,F,G section 22 MIL 461 – CS117	Lightning waveform test generators Oscilloscope Voltage and current probes	<input type="checkbox"/>
4	Aircraft avionic equipment	Pin injection Waveform 3 @1 & 10 MHz levels 2-4 Waveform 4 levels 2-4 Waveform 5A all levels	DO 160 C,D,E,F,G section 22 MIL 461 – CS117	Lightning waveform test generators Oscilloscope Voltage and current probes	<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

1. Please indicate [with a "**"] on the details above any tests you carry out at customers' sites, or in temporary or mobile facilities. Please also indicate the type of site (e.g. mobile facility) and locations.
2. Standard specifications may include specifications issued by companies and other organisations both in the UK and foreign, as well as national and international standards. Reference numbers and dates of specifications must also be quoted. In the absence of standard specifications, documented in-house procedures may be quoted; cross-refer to your laboratory's quality manual/procedures manual. Please indicate the measurement technique involved wherever possible.
3. For ISO/IEC 17025, please indicate if expression of opinions and interpretations in test reports is required by ticking the 'O&I' column, against the relevant parts of your required scope.

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IN-HOUSE CALIBRATION:

Are there any in-house calibration(s) of equipment used for any measurement activities included in your scope of application?

Yes No

If 'Yes' please provide details below (refer to UKAS publication [TPS 41](#) for information)

No.	MEASURED QUANTITY/INSTRUMENT	REFERENCE STANDARD USED	PROCEDURE	PURPOSE (DETAILS OF MEASUREMENT ACTIVITIES THAT THIS SUPPORTS)

MULTI-SITE APPLICATIONS:

If your existing accreditation or proposed application covers activities performed at more than one site, details must be provided below.

SITE No.	SITE LOCATION	ACTIVITIES PERFORMED AT THIS SITE	CONTACT DETAILS
1	Customer site	Any of the above	Dan Morgan, Laboratory Manager, 01235 540983 Stephen Boag, Equipment test Manager, 01235 540996

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EXTENSIONS TO SCOPE ONLY:

1. I wish this extension to scope application to be processed now (and understand this may require an extra visit by UKAS).

Desired Timeframe for Assessment: **Select from drop-down list**

Please note standard UKAS timeframe for the assessment of extensions to scope is 3 months from receipt of application

2. I wish this extension to scope application to be processed with my next surveillance/re-assessment visit.

3. I would like to propose that this extension to scope application is considered for desktop review

(Please note that the decision on the applicability of this proposal will be made by UKAS based on a number of factors including existing scope of accreditation and competences demonstrated)

SUPPORTING DOCUMENTATION:

For an extension to scope to be progressed by UKAS the following documentation must, as a minimum, be supplied where it is applicable. Applications submitted with no supporting documentation will not be accepted.

Documentation	'Check' if supplied	Justification for non-submission
Documented Technical Procedure	<input type="checkbox"/>	Click here to enter text.
Method Validation Data and Validation Summary	<input type="checkbox"/>	Click here to enter text.
Uncertainty of Measurement Budgets	<input type="checkbox"/>	Click here to enter text.
Detail of the Measurement Traceability Chain	<input type="checkbox"/>	Click here to enter text.
Other (please state)	Click here to enter text.	Click here to enter text.

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For an extension to scope to be considered for **desktop** review the following documentation, in addition to that listed above, must be supplied, where it is applicable. Applications submitted with no supporting documentation will not be accepted.

Documentation	'Check' if supplied	Justification for non-submission
Details of Internal Quality Control including control charts	<input type="checkbox"/>	Click here to enter text.
Proficiency Testing Scheme Data	<input type="checkbox"/>	Click here to enter text.
Training Records of Relevant Staff	<input type="checkbox"/>	Click here to enter text.
System Suitability Checks	<input type="checkbox"/>	Click here to enter text.
Other (please state)	Click here to enter text.	Click here to enter text.

DECLARATION:

- I declare that I am authorised, on behalf of the organisation, to submit this application, and that the information contained herein is both correct and accurate to the best of my knowledge and belief.
- If this application relates to an extension to scope, I understand and accept that an assessment fee will normally be charged for the extension to scope, and it may be necessary to revise our annual fees upon grant of the extension to scope.
- By submitting this application I acknowledge that I have read, understood and accepted UKAS' [Standard Terms of Business](#).

Name: Click here to enter text.

Position: Click here to enter text.

Date: Click here to enter a date.

APPLICATIONS TO BE SUBMITTED TO:

EMAIL: apps@ukas.com

POST: Applications Unit, United Kingdom Accreditation Service, 2 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3HR