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| Application Form for Inspection Bodies |
| NABAF01/I |
| EN ISO/IEC 17020:2012 |



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| Logo Small | **NATIONAL ACCREDITATION BOARD - MALTA** |

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| **APPLICATION FOR INSPECTION BODY ACCREDITATION**  **NABAF01/I** |
| INSTRUCTIONS  1. This application should be completed in detail and returned duly signed to:   **The Director,**  **National Accreditation Board Malta,**  **Mizzi House,**  **National Road,**  **Blata l-Bajda HMR9010,**  **Malta**     1. This application and the requested documents shall be submitted in digital format. Documents are to be submitted in WORD, EXCEL or PDF format in the folder structure provided.      1. This application, except for original signatures, **shall be typed** and shall be submitted in WORD format either via email or in any other digital format. Handwritten applications shall not be accepted. A scanned copy of the application form with original signatures shall also be submitted.      1. All information provided shall be treated in confidence. 2. Additional information may be obtained by contacting the NAB-MALTA at the above address, tel: (+356) 23952510 and/or e-mail: [info@nabmalta.org.mt](mailto:claudio.boffa@msa.org.mt) 3. Please ensure that you have read all the relevant standards, publications, and other normative documents (especially those listed in **ATG18**) relevant to your application. The accreditation scheme criteria, regulations and policies are available from the NAB-MALTA website [www.nabmalta.org.mt](http://www.nabmalta.org.mt), the EA website [www.european-accreditation.org](http://www.european-accreditation.org) and the ILAC website [www.ilac.org](http://www.ilac.org).      1. Incomplete applications will not be accepted. Should any section of this application form not be applicable, then this shall be clearly marked as “N/A” by the applicant. 2. The term “Conformity Assessment Body” and its abbreviation “CAB” will be used in this form to signify the applicant organisation i.e., the inspection body. |

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| SECTION A |

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| 1. BASIC DETAILS OF APPLICANT CONFORMITY ASSESSMENT BODY (CAB) *(Please ensure that the specific entity seeking accreditation and the legal entity are precisely identified. Please also state legal entity and trading name if different.)* | |
| Name of the Conformity Assessment Body | |
|
| Main address | |
| Company Registration No.: | VAT No.: |
| Telephone Number: | E-Mail: |
| Website: | |
| ***Note****: These details will be used by the NAB-MALTA on the NAB-MALTA databases, certificates, etc.* | |

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| 2. INVOICING DETAILS | |
| Invoicing Contact Name | |
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| Address | |
| Company Registration No.: | VAT No.: |
| Telephone Number: | e-mail: |

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| 3. LEGAL STATUS OF THE CONFORMITY ASSESSMENT BODY (CAB) | | |
|  | Yes/No | Documentary Evidence |
| 3.1 Owned by an individual |  |  |
| 3.2 Private company or partnership |  |  |
| 3.3 Public limited company |  |  |
| 3.4 Academic institution |  |  |
| 3.5 Public body/authority |  |  |
| 3.6 Another category? If so, please specify: |  |  |
| The applicant is to list here any other activities it, its parent company and/or related companies carry out and not subject to this application for accreditation. | | |

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| **4. CAB PART OF A LARGER ORGANISATION** |
| If the CAB is part of a larger organisation, what is the relationship to that organisation?  *Note: - For CABs which are part of Government please define the relationship within Government.*  *- Provide the name and other contact details of the parent organisation, if any* |

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| 5. LOCATIONS COVERED BY THIS APPLICATION*Notes:* *(1) The location details will be used by the NAB-MALTA on the NAB-MALTA database, certificates, etc.* *(2) Also include any virtual sites (a virtual site is an online environment allowing persons to execute processes e.g., in a cloud environment)* | | | | |
| 5.1 Does the CAB operate from multiple sites? *If yes, complete the details hereunder as appropriate. Site numbering is to start with A1.* | | | Yes: | No: |
| Site no. | Site Location (Address) and total working area | Activities performed at this site | Contact details | |
| A1 |  |  |  | |
| A2 |  |  |  | |
| A3 |  |  |  | |
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| 6. OTHER EXTERNAL EVALUATIONS/AUDITS | | | |
| Has your organisation been evaluated or audited (e.g., accreditations, certifications, audits by regulatory authorities) by other external organisations in the past 5 years? If so, please fill in the table below | | | |
| **Name and address of**  **evaluation organisation** | **Type of evaluation (refer to applicable criteria)** | **Date of evaluation** | **Recognition granted if any** |
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| 7. LEVEL OF INDEPENDENCE - TYPE OF INSPECTION BODY WITH DOCUMENTED JUSTIFICATION*(refer to Clause 4.1.6 and Annex A of ISO17020:2012)* | | |
| Type A | Type B | Type C |
| Justification: | | |

| **8. DOCUMENTED ANALYSIS ON IMPARTIALITY AND INDEPENDENCE**  **A documented analysis on independence and impartiality of all business activity must accompany this form.** It shall include identification of related bodies and analysis and management of potential threats to conflicts of interest and impartiality. **Ref. EN ISO/IEC17020:2012 Clause 4.1 and Annex A. Refer also to ILAC P15.** | | |
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| **Question** |  | **Details (*fill in for all questions)*** |
| 8.1 How does the inspection body identify risks to its impartiality on an ongoing basis? | *Provide details* |  |
| 8.2 Does the organisation or any of its staff who carry out the inspection, design, manufacture, supply, installation, purchasing or have responsibility for the ownership, use or maintenance of the items which they inspect, or are the authorized representatives of any of these parties? | Yes  No |  |
| 8.3 Does the organisation undertake any consultancy activities or offer any consultancy services? | Yes  No |  |
| 8.4 Does the organisation undertake any training activities? | Yes  No |  |
| 8.5 Does the organisation undertake any other activities (other than the subject of this application)? | Yes  No |  |
| 8.6 Does the organisation supply inspection services to the parent organisation only or to third parties? | *Provide details* |  |
| 8.7 Describe the organisation structure in relation to the (part) of the organisation providing inspection. Please include a description of separation of responsibilities and reporting relationships. | *Provide details* |  |
| 8.8 What is the organisation policy on maintenance of inspection body type? | *Provide details* |  |

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| **9. HUMAN AND TECHNICAL RESOURCES**  *(List here the resources which will be used to cover the accreditation sought)* | | |
| **9.1 Total number of employees in relation to scope of accreditation:** | | |
| **9.2 Distribution of employees in relation to scope of accreditation:** | **Full-time** | **Others (specify relationship for e.g., individually contracted)** |
| Employees with University education |  |  |
| Employees with Technical education |  |  |
| Employees trained in quality management |  |  |
| Inspectors |  |  |
| Experts |  |  |
| Subcontractors |  |  |
| Other (incl. secretarial and support staff) |  |  |

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| **10. MANAGEMENT REPRESENTATIVE**  *Name and position (director level) of the CAB’s representative with authority to commit the CAB to the requirements for accreditation.* |
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| e-mail: |

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| 11. MAIN CONTACT*Name, position, and address of Inspection Body’s main contact with the NAB-MALTA* *Note: This is the person to whom all correspondence from the NAB-MALTA will be addressed.* |
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| e-mail: |

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| 12. DEPUTY CONTACT*Name, position, and address of Inspection Body’s deputy contact with the NAB-MALTA* |
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| e-mail: |

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| **13. INFORMATION ABOUT KEY PERSONNEL**  *(Please identify the following personnel and briefly describe their competence giving the technical qualifications and experience. Professional C.V. to be submitted.)* |
| 13.1 Technical Manager (refer to Clause 5.2.5. of EN ISO/IEC 17020:2012) |
| 13.2 Deputy Technical Manager |
| 13.3 Person responsible for the quality management system |
| 13.4 Deputy of the person responsible for the quality management system |

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| SECTION B | | | | | | |
| 14. ACCREDITATION SCOPE | | | | | | |
| **Notes:**  a. A clear and precise description as possible of the inspection activities conducted by the inspection body, and a list of regulations, standards, methods, or procedures, for which accreditation is being sought (refer to document ILAC G28).  b. Add as many rows as necessary to cover the full scope of accreditation to be covered by this application.  c. In column “Freq” indicate the frequency with which you perform the tests. Use the following codes:  d = daily one to several times  w = weekly one to several times  m = monthly one to several times  i = infrequent (one to several times per year) | | | | | | |
| **Inspection category**  *(e.g., product, process, service, or installation)* | **Inspection fields (and sub-fields)** | **Range of inspections** | **Stage of inspection** | **Inspection requirements or criteria** | **Freq.** | **No. of inspections in the past 12 months** |
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| SECTION C | | |
| **15. INFORMATION ABOUT THE CONFORMITY ASSESSMENT BODY** | | |
|  | **Yes/No** | All boxes shall be completed with the necessary information.  Enter references from the CAB’s quality management system (reference to a document number/s is sufficient) and any other applicable information, as necessary. |
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| 15.1 Does the applicant legal entity have full control and autonomy over its quality management system? |  |  |
| 15. 2 For how long has the quality management system been in operation?  (Note: According to regulations RAB01, the system must have been in operation for at least 3 months. This means that records should be available to show that the system has been in operation). |  |  |
| 15.3 Has a complete cycle of internal audits been carried out? If no, please specify date by when a complete cycle will be carried out.  (Note: According to regulations RAB01, a complete cycle of internal audits covering the full system of the applicant must be completed prior to the initial assessment.) |  |  |
| 15.4 Are there legally enforceable agreements for ensuring the management and confidentiality of all information obtained or created during performance of inspection activities? |  |  |
| 15.5 Has the Inspection Body selected Option A or Option B for its management system requirements? (refer to EN ISO/IEC 17020:2012 Clause 8). |  |  |
| 15.6 Is there any special urgency for achieving NAB-MALTA accreditation? If so, please give reason. |  |  |

| SECTION D | | |
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| **16. Documents and records to be submitted** | | |
| **Notes:**  *(1) The following documents must be submitted in electronic format with this application in the provided folder structure. NAB-MALTA will not process the application until all the items listed below have been received.*  *(2) If any of the documents are included as part of a quality management system manual or other documentation, please quote either the manual section or document reference number in the space provide next to the tick box.*  *(3) Documents submitted are to be in the English or Maltese language.*  *(4) If an application refers to legislation/regulations and such documentation is not in English or Maltese, then an official translation of such legislation/regulation shall be submitted.* | | |
|  |  | In the box below, tick as necessary and write any necessary references. If not applicable, explain why. |
| 1. | An index and numbered list of the attachments |  |
| 2. | Cross-reference Table  *(Note: this should allow a complete and effective identification of the correspondence between the clauses and sub-clauses of the applicable standard/other relevant normative documents (e.g., EA publications) and the parts of the Applicant Inspection Body documentation (QM, procedures, etc) where such requirements are addressed; the non-applicable requirements must be properly identified and not simply omitted; exclusions must be justified).* |  |
| 3. | NAB-MALTA accreditation contract, duly signed by authorised company representative  *(this document is to be requested from the NAB-MALTA)* |  |
| 4. | Master list of documents controlled in the management system |  |
| 5. | Documentation describing the management system according to EN ISO/IEC17020 (e.g., quality management manual, procedure instructions, work instructions, SOPs, applicable standards). |  |
| 6. | **General - Impartiality -** Declaration of impartiality by management |  |
| 7. | **General - Impartiality -** Explanation of how the inspection body checks risks to impartiality on an ongoing basis and the records relating to the identification of risks to impartiality. |  |
| 8. | **General – Confidentiality –** Copy of legally enforceable agreements for management of customer information. |  |
| 9. | **Structure** - Proof of legal status and declaration of ownership (e.g., copy of MFSA/MBR certificate, Memorandum and Articles of Association) |  |
| 10. | **Structure** - Information on the structure of the CAB (include organisation chart with names, functions, etc…).  *Note: Any relationships with a related organisation should be clearly showed or explained*. *Any contracts with third parties are to be referred to.* |  |
| 11. | **Structure** - Details of provisions to cover liabilities (e.g., insurance certificate and policy) |  |
| 12. | **Personnel** - Competence criteria and description of responsibilities (job descriptions) of staff members |  |
| 13. | **Personnel** - Professional C.V. and proof of the relevant qualifications\* of:   * the technical manager and his/her deputy, * the person responsible for the quality management system and his/her deputy.   \*Where applicable, evidence of equivalence of relevant qualifications are to be provided against the Malta Qualifications Framework |  |
| 14. | **Personnel** - List of the authorised inspectors, including and identifying contracted inspectors used for the scope being applied for. Cross-reference the inspector against the areas within the applied for scope.  **Note**: CVs including details of their training, areas of specialisation and projects undertaken in their present and previous employment over the previous three years are to be submitted with this application. |  |
| 15. | **Personnel –** List of personnel authorised to inspection certificates/reports for the scope of accreditation sought. |  |
| 16. | **Equipment -** List of equipment (including loaned equipment and used working standards, if applicable)  **Required information**: inventory number, location, measurand (for which a proof of measurement traceability must be present), indication of equipment/type of equipment/item, manufacturer, calibration interval, indication of the proof of measurement traceability, whether calibration is done in-house or by an external provider.  Optional information: testing standard, serial number, responsible person for the equipment, etc... |  |
| 17. | **Subcontracting** - A list of the laboratories subcontracted to conduct tests as part of the inspection activity. The list shall include including the name and address of the laboratory, whether it is accredited or not and, where accredited, the name of the accreditation body and the accreditation number. |  |
| 18. | **Process** - Copies of documents/publications made available to prospective clients describing the organisation and staff structure, the inspection procedures used, the rules and regulations, details of inspection and other services provided. |  |
| 19. | **Process** – An example of an inspection report and inspection certificate |  |
| 20. | **Management system -** Copy of the internal audit programme |  |
| 21. | **Management system** - Copy of the minutes of the latest management review |  |

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| **SECTION E** | |
| **17. STATEMENT BY APPLICANT CONFORMITY ASSESSMENT BODY (the “CAB”)**  The CAB identified below (details of which are set out on paragraphs 1 and 2 of Section A of this application form) hereby applies to the NAB-MALTA to assess the CAB for its eligibility to be accredited as competent to provide the services specified in this application, having regards to relevant accreditation criteria and any other normative documents, conditions or factors that the NAB-MALTA considers to be relevant to or to affect the CAB’s competence for the specified services.  The CAB acknowledges that it has read and signed the NAB-MALTA terms and conditions and the relevant NAB-MALTA policies and regulations and agrees to always comply, during the currency of the application made herein and any resulting accreditation, with the NAB-MALTA terms and conditions as the same may be substituted, amended, supplemented or varied by the NAB-MALTA after the date of this application.  The CAB undertakes to pay all fees due to the NAB-MALTA. The CAB declares that it has the necessary resources to undertake accreditation for the scopes requested.  The CAB hereby confirms that it has a right to supply the data and information contained in this application or which it otherwise gives to the NAB-MALTA, and gives its own consent and confirms that it has obtained all properly informed consents from any individuals in respect of whom the Organisation is giving data or information to the NAB-MALTA to enable the NAB-MALTA to lawfully receive such data and information and make use thereof for the purposes of its functions (having particular regard to, but not limited to, applicable data protection legislation) and also confirms that all such data and information is complete, accurate and correct and that it will promptly provide any such further information and data as may be required by the NAB-MALTA to assess and process this application.  The CAB also accepts that the NAB-MALTA might consult with the appropriate regulator and/or other national accreditation bodies should an application be according to the requirements of European or national legislation or any other regulatory instrument. The CAB also accepts that the NAB-MALTA assessment team may be accompanied either by representatives from the European Co-operation for Accreditation (EA) or any other representative from specific regulators or competent authorities. | |
| **18. Data Protection Declaration**  The NAB-MALTA ("the Controller") will process your personal data in accordance with the relevant provisions of the General Data Protection Regulation (GDPR), the Data Protection Act (Chapter 586 of the Laws of Malta) and other regulations made thereunder. The Controller will process your personal data for assessment and administrative purposes and to comply with its legal obligations. For further information on how your personal data will be processed refer to the Controllers’ privacy policy.  I, the data subject, hereby consent to having the NAB-MALTA collect and process my personal information from this application. | |
| **Signed for and on behalf of**  *(enter name of organisation and preferably a rubber stamp)* | |
| **Company Representative** | |
| **Position:** | |
| **Signature** | **Date** |