**Assessment of extension of scope – Chemical and microbiological testing**

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| --- | --- |
| Accreditation no.: | Technical assessor: |
| Laboratory: | Date: |

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| --- | --- | --- | --- |
|  |  | **Information from the Laboratory** | **TA Assessment**  Enter ”ok” if satisfactory, or ”-” if not relevant. Comment as needed. |
|  | Method |  |  |
|  | Parameters covered by the extension |  |  |
|  |  | Set ”x” at the relevant 3. – 7. | **TA Assessment** |
|  | Method covered by existing Scope |  |  |
|  | Standardised method |  |  |
|  | Self-developed method |  |  |
|  | Minor modification of already assessed method |  |  |
|  | New or relocated equipment |  |  |
|  |  | **Remarks from the Laboratory** | **TA Assessment/remarks** |
|  | Internal quality control (internal reproducibility |  |  |
|  | Comparability of measurements / Participation in proficiency testing / Certified reference materials |  |  |
|  | Estimated measurement uncertainty |  |  |
|  | Method typed into WebTool (relevant UnikIDs) |  |  |
|  | Fulfilment of supplementary requirements (e.g. legal requirements) |  |  |
|  | Other |  |  |
|  | Conclusion/recommendation |  |  |