**Assessment of extension/change – Physical and mechanical testing**

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

It is the general expectation, that the laboratory has verified that it can properly perform methods and records of this verification are retained, cf. ISO/IEC 17025:2017, 7.2.1.5.

* These records may be part of the documentation that accompany this application of extension/change, cf. cl. 5–10 below.
* The verification is expected to systematically encompass all clauses of the method (for new methods) and/or all changes in the method (for updated/revised versions of already accredited standard methods).

**All fields should be filled.**

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|  |  | **To be filled by the laboratory**  Refer to any appendices/lists/attachments | | **TA assessment** |
| 1. | Unik-ID (method line in DANAKs webtool) |  | |  |
| 2. | Own method identification and/or standardised reference method (identification by title and version/ year), and any limitations in your implementation. |  | |  |
| 3. | Parameters/characteristics and test items relevant for the extension/ change |  | |  |
| 4. | Set X: |  | |  |
| **New method** | Any remarks | |
| Standardised method |  |  |
| Modified standardised method |  |  |
| Self developed method\* |  |  |
| **Updated standardised method** |  |  |
|  | **For the clauses below please include documentation.** | | | |
| 5. | Personnel trained and authorised  (state who and submit records) |  | |  |
| 6. | Requirements to facilities and how fulfilled |  | |  |
| 7. | Identification of required equipment  (state ID or other identification).  Records for calibration/ verification.  For new equipment, documentation for metrological traceability must be submitted. |  | |  |
| 8. | Estimated measurement uncertainty and the requirements of the methods |  | |  |
| 9. | Comparability of test results / participation in proficiency testing (PT).  How is the method covered by PT plan?  Other QC activities (internal controls, etc.) |  | |  |
| 10. | Other relevant information  (e.g., the relation of the method (or parts thereof) to already accredited methods |  | |  |

\* Documentation for the validity of the method must be submitted

**Please supply any detailed information on subsequent pages if necessary**

**Conclusion (to be filled out by TA):**

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