 **Director of "National Accreditation Body” SNCO**

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«30» June 2023

Order No\_6-KH

**MANAGEMENT SYSTEM**

**ACCREDITATION OF CALIBRATION LABORATORIES**

**PR-7/ACL-01**

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Valid from \_\_\_04.07.2023\_\_\_

**“*The present document represents the English version of the document under reference at the specified revision. In case of conflict, the Armenian version will prevail*”**

Yerevan 2023

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# Scope

The present procedure describes the modalities to be respected by the “National Accreditation Body” SNCO (hereinafter “ARMNAB”) personnel for arranging and carrying out assessments for accreditation, reaccreditation, surveillance, extension, reduction, extraordinary assessment, as well as updating, recovering of accreditation of calibration laboratories.

This document is an annex to the main document PR-7, which covers the requirements and procedure for accreditation of a given type of conformity assessment body that are not defined in PR-7.

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# 2. Normative References

The referenced document with no-date shall be applicable only by the latest edition. This document contains references to the following documents:

GOST ISO/IEC 17025 - General requirements for the competence of testing and calibration laboratories.

AST 8.11 - National system of ensuring the uniformity of measurements. Metrology. Terms and definitions

JCGM 200 International vocabulary of metrology – Basic and general concepts and associated terms (VIM)

PR-7 - Accreditation procedure and general requirements.

PL-05 – Policy on participation in proficiency testing (PT) and interlaboratory comparisons.

PL-06 - Policy on metrological traceability.

EA-4/02 – Expression of the uncertainty of measurement in calibration.

EA-4/21 – Guidelines for the assessment of the appropriateness of small interlaboratory comparisons within the process of laboratory accreditation.

EA-4/23 INF - The Assessment and Accreditation of Opinions and Interpretations using ISO/IEC 17025:2017

ILAC-G8 - Guidelines on Decision Rules and Statements of Conformity.

ILAC-G24 - Guidelines for the determination of calibration intervals of measuring instruments.

ILAC-P9 - ILAC Policy for participation in proficiency testing activities.

ILAC-P10 - ILAC Policy on the traceability of measurements results.

ILAC-P14 – ILAC Policy for uncertainty in calibration.

AC-4.6 General accreditation criteria and list of documents.

Accreditation Council Decree No 2, dated 23 November 2012, “On the procedure of applying the logo and accreditation symbol of the National Accreditation Body”.

EA and ILAC documents are available in the following websites:

EA: <http://www.european-accreditation.org/>, ILAC: [http://www.ilac.org](http://www.ilac.org/).

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***3. Reference documents and abbreviations***

3.1 In this procedure, the following terms and definitions, including those stipulated by “Law on Accreditation”, GOST ISO/IEC 17000, GOST ISO/IEC 17011, GOST ISO/IEC 17025, AST 8.11, JCGM 200 and PR-7, apply:

**Calibration:** operation that, under specified conditions, in a first step, establishes a relation between the quantity values with measurement uncertainties provided by measurement standards and corresponding indications with associated measurement uncertainties and, in a second step, uses this information to establish a relation for obtaining a measurement result from an indication.

NOTE 1: a calibration may be expressed by a statement, calibration function, calibration diagram, calibration curve, or calibration table. It may consist of an additive or multiplicative correction of the indication with associated measurement uncertainty.

NOTA 2: calibration should not be confused with the adjustment of a measuring system, which in some sectors is often wrongly called 'self-calibration', nor with the verification of the calibration status.

**Internal calibration**: calibration the results of which significantly influence the CMC (Calibration and Measurement Capabilities) of the Calibration Laboratory but which does not fall within its scope of accreditation (and as such cannot be offered as an accredited calibration service) and which is carried out using personnel and equipment of the Calibration Laboratory.

*NOTE 1: Internal calibration should not be confused with self-calibration, for example there are analytical balances that have a built-in calibration load that self-calibrates by pressing the appropriate CAL button.*

*NOTE 2: Internal calibration can be carried out, for example, with certified reference material (CRM) or with suitable weights providing the accuracy class for scales according to OILM R 111-1.*

**Reference standard:** measurement standard designated for the calibration of other measurement standards for quantities of a given kind, in a given organization or a given location (JCGM 200).

**Working standard:** Measurement standard that is used routinely to calibrate or verify measuring instruments or measuring systems (JCGM 200).

NOTE 1: The working standard is usually calibrated with a reference standard.

NOTE 2 The terms "check standard" or "control standard" are also sometimes used in connection with calibration.

**Reference material (RM):** Material, sufficiently homogeneous and stable with respect to one or more specified properties, which has been established to be fit for its intended use in a measurement process

NOTE 1 RM is a generic term.

NOTE 2 Properties can be quantitative or qualitative, e.g. identity of substance or species. NOTE 3 Uses can include calibration of a measurement system, assessment of a measurement procedure, assignment of values to other materials and quality control.

NOTE 4 ISO/IEC Guide 99: 2007 (UNI CEI 70099: 2008, 5.13) has an analogous definition, but restricts the term "measurement" to apply to quantitative values. However, note 3 of ISO/IEC Guide 99: 2007 specifically includes qualitative properties, called "nominal properties”.

**Certified reference material (CRM):** Reference material characterized by a metrologically valid procedure for one or more specified properties, accompanied by a reference material certificate that provides the value of the specified property, its associated uncertainty, and a statement of metrological traceability

NOTE 1: The concept of the value of a nominal property or qualitative attribute, such as identity or sequence. Uncertainties for such attributes can be expressed as probabilities or confidence levels.

NOTE 2: Metrologically valid procedures for the production and certification of reference materials are given in, among others, ISO Guide 35.

NOTE 3: ISO Guide 31 gives guidance on the contents of reference material certificates.

NOTE 4: ISO/IEC Guide 99:2007 has an analogous definition.

**Proficiency testing (PT):** evaluation of participant performance against pre-established criteria by means of interlaboratory comparisons

NOTE - Proficiency testing is organized through PT providers.

**Interlaboratory comparison (ILC)**: organization, performance and evaluation of measurements or tests on the same or similar items by two or more laboratories in accordance with predetermined conditions.

**Small Interlaboratory Comparison (S\_ILC):** an interlaboratory comparison conducted by/among seven or fewer laboratories.

**Laboratory area**: room where laboratory activities, including calibration work, are carried out. The premises may be permanent, temporary, mobile or outside the permanent premises of the laboratory or on the premises of the applicant.

NOTE: The places where the calibration operations are carried out are indicated in the Annex of the Accreditation Certificate (in the scope of accreditation).

**3.2 Abbreviations**

- RA: Republic of Armenia,

- ARMNAB: "National Accreditation Body" SNCO,

- CAB: Conformity Assessment Body,

- AC: Accreditation Committee,

- TL: testing laboratory,

- EA: European Accreditation Cooperation,

- ILAC: International Laboratory Accreditation Cooperation.

# 4. General Requirements for Accreditation of Calibration Laboratories

General accreditation criteria are defined in document AC-4.6.

The ARMNAB shall accredit calibration laboratories for their calibration performance.

The laboratory submitting an application for accreditation (in accordance with Annex ACL-01) shall meet the accreditation requirements defined in this document.

The laboratory shall provide objective evidence that it has the necessary competency for performance of its activities.

The laboratory space may be private or rented based on a contract with the landowner.

The ARMNAB shall not accredit the calibration laboratories, the technical and/or management staff of which work on a contractual basis, which makes it impossible for the staff control or sustainable operation of the management system, in accordance with accreditation requirements.

If the laboratory failed to perform the calibration for external clients, as specified under the scope of accreditation, prior to submitting an application for accreditation, the ARMNAB may accept the results of internal calibration performed for internal clients of the laboratory. During on-site assessment, the ARMNAB shall assess the satisfactory results of the laboratory’s calibration process and the compliance with all accreditation requirements.

The calibration laboratory may use standard methods or non-standard methods developed by the laboratory to calibrate the measuring instruments. The non-standard methods need to be validated.

The laboratory shall prepare a method of estimating measurement uncertainties for each calibration procedure, in conformity with EA-4/02 and ILAC-P14. The calibration laboratory shall participate in proficiency testing/inter-laboratory comparisons (PT/ILC) to demonstrate its competence, in accordance with the requirements of PL-05, ILAC-P9 and EA-4/21.

If maintenance work is outsourced to external personnel (e.g., cleaning of areas where accredited calibration activities are performed), appropriate instructions for external personnel should be established by the laboratory, including any operating restrictions for certain areas or specific devices.

In the case of new editions of external documents (e.g., standards, methods, laws, regulations), unless otherwise specified, the laboratory is obliged to apply the updated methods within 3 months of the release of the new versions.

# 4. Special Requirements for Accreditation of Calibration Laboratories

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# 4.1 Statement of conformity to specification

If a statement of conformity to specification or standard is made based on the calibration results, the laboratory shall document the decision-making process, taking into account the level of risk (e.g., false-positive or false-negative and statistical hypothesis) associated with the decision-making process.

NOTE 1: If the decision-making procedure is defined by the applicant in a written or normative document, no further discussion of the risk level is required.

Examples of conformity statements are given in document ILAC-G8.

The statement of conformity to specification, when requested by the Customer, must be reported on the Calibration Certificate or on its attachment considered an integral part of the latter. It must be clear which measurement results the statement of conformity refers to, which specifications are verified and the decision rule applied. In the event that the decision rule is contained in laws or ministerial decrees and technical standards, it is sufficient to report the references to the document on the Calibration Certificate.

# 4.2 Decision rule

This document refers to the definition of decision rule, which is shown below:

**decision rule:** rule that describes how measurement uncertainty is taken into account when declaring compliance with a specified requirement

Measurement uncertainty can be taken into account both directly, through the use of guard bands and indirectly, for example by imposing a maximum limit on measurement uncertainty. For further information see examples of ILAC G8 document.

# 4.3 Presenting opinions and interpretations

The calibration laboratory cannot apply only for accreditation opinions and interpretations. While forming the accreditation scope it is necessary to follow the example stipulated in Annex B of the EA-4/23 document.

An opinion and interpretation are a process outcome through which the applicability of the testing or calibration result can be extended. It shall be formulated by a person/persons with respective technical qualifications (see point 6.2 of the standard, EA-4/23), and the subsequent conclusions shall be made based on the achieved result, using the person’s knowledge and professional judgement in the given testing sphere. The expressed opinion and interpretation shall be technically grounded and shall be supported by evidence (see point 7.5 of the standard).

If during the formation of opinions and interpretations information provided by the applicant is used, the laboratory shall keep the respective records and clearly specify in the testing protocol that the opinions and interpretations are based on the information provided by the applicant.

Opinions and interpretations shall be an indispensable part of the testing protocol/report and shall be mentioned in the section titled ‘Opinions and Interpretations.’ They shall not be included in any other document or annex.

Opinions and interpretations shall be based only on the results obtained from the sample testing, but other pieces of information from calculations, literature or bibliographical data may also be necessary.

Accreditation of opinions and interpretations is granted only based on results obtained from accredited tests.

It is not possible to express opinions and interpretations through results obtained only from external laboratories.

Orally expressed opinions and interpretations, even if they were recorded (see ISO/IEC 17025 point 7.8.7.3 of the standard) cannot be regarded as accredited.

# 4.4 Proficiency Testing/Interlaboratory Comparisons

The laboratory should carry out a quality control of its work by comparing it with the results of another laboratory. Comparison of results is carried out by participating in proficiency testing (PT) and/or interlaboratory comparisons. The requirement and periodicity of participation in PT and/or ILC is defined by the ARMNAB policy PL-05, which is posted on the official website www.armnab.am.

Participation in PT/ILCs for each metrology sector is required during the accreditation cycle. A PT/ILC participation plan is drawn up for the accreditation cycle to allow assessment of the laboratory's entire accreditation scope and uncertainty for the measurement range of the specified calibration sample.

ARMNAB accepts the positive results of participation in measurement comparisons to confirm the Laboratories' Calibration and Measurement Capabilities (CMC).

The CMC specified under the scope of accreditation is typically the extended uncertainty, which is defined as the minimum measurement uncertainty in calibration under normal conditions and covers approximately 95%. The calibration sample may include the reference measurement standards used to determine, apply, keep or reproduce the unit measure of the given value, and the measurement instruments used to measure the value.

Therefore, the Laboratory in providing results, whenever the calibration object allows it, must not declare an uncertainty greater than the accredited and/or required CMCs.

Performance is considered satisfactory if, where En can be calculated, the results show |En| ≤ 1 for all measurement points and/or appropriate and effective corrective actions for those with |En| > 1.

The PT/ILC report shall not only include the En value but also the analysis of uncertainties obtained from the participating laboratories, and other conclusions.

The results and report of PT/ILC shall be assessed by the ARMNAB assessment team during the assessment by place of performance.

The laboratory may bring down the CMC specified under the scope of accreditation, provided that the recent PT/ILC results confirm their accuracy.

ARMNAB, applying document EA-4/21 INF accepts participation in S\_ILCs in the case where no PT and/or ILC providers are available for certain metrological sectors. Laboratories must in any case keep records of research done to prove the unavailability of PT and/or ILC providers.

When the laboratory gets unsatisfactory results for PT/ILC, it shall immediately inform the ARMNAB and present corrective/preventive actions to be taken by the laboratory, by demonstrating the effectiveness thereof. The further PT/ILC participation rules are provided in PL-05, ILAC-P9, EA-4/21 and this document.

# 4.5 Accreditation application and attached documents

The calibration laboratory submitting an application and attached documents for accreditation (in accordance with Annex ACL-01-01 – ACL-01-09), forms are posted on the official website of ARMNAB: www.armnab.am.

The procedure for acceptance of the accreditation application and attached documents, analysis of resources and registration of the application is defined in PR-7, which is posted on the website www.armnab.am.

During the accreditation of laboratories with different specializations, operating under the same legal entity, the ARMNAB shall accept the application in the following cases:

- When the same product/sample is tested in all technical subdivisions of the laboratory applying for accreditation, the applicant shall submit one accreditation application and be issued one accreditation certificate that covers all technical subdivisions;

- When different types of products/samples are tested in each technical subdivision of the laboratory, each technical subdivision may submit a separate accreditation application and be issued a separate accreditation certificate, or submit one accreditation application provided that all technical subdivisions are included in the application.

# 4.6 Documents review

4.6.1 After the appropriate payment has been made by the TL and the assessment team has been approved, the examination of the accreditation application and attached documents begins in accordance with PR-7.

4.6.2 In order to accredit the laboratory, the ARMNAB must analyze the documentation of the implemented management system in accordance with the accreditation requirements. The document review report form is given in ATL-01-DR.

**4.6.3 The criteria and rules of selecting representative criteria and samples**

The assessment plan shall be prepared by the assessment team leader, taking into account the technical assessors’/experts’ recommendations and the following risks associated with the activity mentioned in the accreditation scope:

* the complexity and the principle of application of the calibration method;
* the sampling process, in case of testing laboratories which perform sampling;
* opinions and interpretations which are applicable for the testing/calibration laboratory, are assessed during the first accreditation or accreditation extension as stipulated by GOST ISO/IEC 17025;
* negative results of PT, ILC. It is necessary to select the representative sample for those technical scopes in which the possibility of participating in PT, ILC is small or non-existent;
* the results of previous assessments;
* number of issued calibration certificates;
* staff changes, complaints and appeals, etc.

# 4.7 On-Site Assessment

**4.7.1** The purpose of the assessment is to certify the compliance of the calibration laboratory activity with this procedure, the documents of the ARMNAB, EA, ILAC documents and other applicable general and sectoral normative, standardization documents, the documents of the TL management system (quality manual, MS documents, procedures, instructions, personnel qualifications, etc.).

4.7.2 On-site assessment period (days/person) is determined according to the number of procedures defined by the management system, product groups, technical regulations and procedures, number of places subject to assessment, voluntary/mandatory sector, number of personnel and other factors, for example, found during the documents review, number of nonconformities etc.

4.7.3 The assessment methods of a calibration laboratory used by an ARMNAB is comprised:

**- on-site assessment)** – visiting of the head office and any operational units or branches where conformity assessment activities are carried out. During the on-site assessment, the management system and the testing/sampling process are evaluated. As a result of the on-site assessment, a report is drawn up in accordance with Annexes ACL-01-R and ACL-01-AR,

- **Remote assessment** - assessment of the physical location or virtual site of a calibration laboratory using electronic means.

Remote assessment is performed in exceptional cases, such as Force Majeure Impacts, Epidemic Diseases, Impossibility of Assessor/Technical Expert on-site visit, and other justified cases.

- **Witnessing** - observation by the accreditation body of a conformity assessment body carrying out calibration laboratory activities within its scope of accreditation;

- **File** (**case) review** - checking of the TL’s reports and related documents (in papers and/or electronic).

File (Case) review is a complete assessment of all aspects of testing for the selected representative test.

**- Document review** – checking of the CAB’s documentation.

The document review is used to assess the effectiveness of the functioning of individual elements of the CAB’s management system.

- **Review of performance in proficiency testing and other interlaboratory comparisons** - assessment testing results performed by calibration laboratory with another calibration laboratories or PT providers;

- **Validation audits** - assessment results of validation performed by calibration laboratory;

- **Measurement audits** – assessment tasting results performed by calibration laboratory;

- **Interviewing** – conversation with the calibration laboratory personnel.

4.7.4 By accrediting the calibration laboratory, the ARMNAB shall confirm that the given laboratory meets the accreditation requirements, including the requirements for calibration methods, technical equipment and personnel qualification, and ensures that the measurement results are consistent with national and international reference measurement standards.

4.7.5 In the course of accreditation, the ARMNAB shall assess the management system and technical performance of the laboratory. The assessment of the management system shall include the auditing of submitted documents relating to performance, management system and appropriate records.

4.7.6 If the laboratory refuses to present the calibration procedures to the ARMNAB, the on-site assessment period shall be extended, so that the assessors/experts can carry out an assessment of documents.

4.7.7 The on-site assessment shall involve witnessing of calibrator’s performance for the purpose of checking the accuracy of calibrations results and staff conpetence. As a result of which a report shall be prepared in accordance with Annex ACL-01-CWR.

During the assessment, assessors/experts may ask to repeat the measurements on a sample that has already been calibrated (for example, for a customer) so that the results of the two measurements can be compared.

4.7.8 While providing internal calibration, the laboratory shall meet the requirements of PL-06 and ILAC-P10 documents. The competence of the laboratory to perform internal calibration shall be assessed by a technical assessor/expert, as part of the assessment by place of performance. Such assessment shall be made during the initial accreditation or the first periodic assessment.

Internal calibrations shall be performed:

• by competent personnel of the calibration laboratory or the organization to which the calibration laboratory belongs, adequately educated, and trained and qualified/licensed;

• with instruments or standards under the control of the calibration laboratory or of the organization to which the calibration laboratory belongs, calibrated so as to guarantee the dissemination of the metrological traceability;

• in an environment suitable for the type of calibration;

• implementing calibration procedure requirements positively evaluated by ARMNAB.

The results of internal calibrations shall:

• be accompanied by measurement uncertainty;

• be registered in a calibration report in accordance with 7.8 of the GOST ISO/IEC 17025-2019.

4.7.9 If the company submits a separate accreditation application for each technical unit/place of performance, a joint (combined) assessment may be performed. The joint assessment shall be conducted provided that the company’s general documents contain information on administrative and quality parts of the management system. The technical scopes of technical units may be described separately. The assessment shall be carried out in all technical units.

4.7.10 The assessment process, as well as the detection and classification of non-conformities, is defined in the PR-7 procedure.

**4.8 Decision Making on Accreditation**

The process of making a decision on accreditation and issuing an accreditation certificate and scope(s) is defined in the PR-7 procedure.

1. ***Assessments and reaccreditation***

# 5.1 Surveillance

5.1.1 The surveillance procedure is set out in PR-7, taking into account the requirements below.

5.1.2 At least 10 working days prior to the scheduled periodic assessment, the TL shall submit the following documents to the ARMNAB:

- list of amended documents and the documents (printed and/or electronic versions);

- Information on the number of calibrations performed within the scope of accreditation and participation in proficiency tests/interlaboratory comparisons (PT/ILC), as from the previous assessment, according to the format provided in Annex B.

5.1.3 When drawing up the surveillance assessment plan, the team leader conducts a risk analysis, taking into account the results of previous assessments, so that during the accreditation cycle the entire management system of the calibration laboratory and the accreditation scope are assessed.

The representative sample is selected according to clause 4.6.3 of this document, taking into account the changes in the personnel of the calibration laboratory, the number of sites (branches) of activity implementation, the number of reports issued, the mandatory sector, being a risky product, appeals and complaints, etc.

***Note 1: When planning assessments in an accreditation cycle, persons who have not been assessed with witnessing technique during previous assessments are selected.***

***Note 2: If the calibration laboratory carries out its activities at different addresses (branches), surveillance is carried out at the head office and all branches. All branches must be assessed in the accreditation cycle.***

5.1.4 The surveillance period (days/person) is determined according to the characteristics of the test method, product groups, technical regulations and procedures, the number of places to be evaluated, the voluntary/mandatory sector and other factors, for example, nonconformities found during previous assessments, complaints received, expansion, reduction, suspension of accreditation, the distance of activity of calibration laboratory, etc.

# 5.2 Extraordinary assessments

The extraordinary assessment procedure is set out in PR-7.

# 5.3 Decision making

Based on the results of surveillance/extraordinary assessment, the AC adopts a decision to maintain, reduce, extend, restore, suspend, withdrawn accreditation.

***5.4 Change in accreditation standards, including transition to a new accreditation standard***

If an accreditation standard is updated or amended, the calibration laboratory is required to demonstrate that it has the appropriate procedures and competence to perform the activities defined by the new/amended standard.

The assessment procedure for changes in accreditation criteria is set out in PR-7.

***6. Reaccreditation***

**6.1** The procedure for reaccreditation is set out in PR-7, taking into account the following requirements:

- the period of re-evaluation (day/person) is determined according to the characteristics of the method, such as the number of test methods to be re-evaluated, product groups, technical regulations and procedures, the number of sites to be evaluated, voluntary/mandatory sector, results of previous evaluations, complaints received, the distance of activity of calibration laboratory, etc.

# 6.2 Decision on reaccreditation

The process for making a decision on reaccreditation and issuing an accreditation certificate and scope(s) is defined in the PR-7 procedure.

# 7 Extending, reducing, updating scope of accreditation, suspending and withdrawing of accreditation

# 7.1 Extending scope of accreditation

7.1.1 For the purpose of expanding the scope of accreditation, the calibration laboratory submits the accreditation extension application and the attached documents to ARMNAB, the formats of which are posted on the ARMNAB website. In case of absence or incompleteness of necessary data and documents, ARMNAB may request additional documents.

7.1.2 The planning and assessment of the process of extending the scope of accreditation of the calibration laboratory shall be carried out in the same way as the accreditation process in accordance with PR-7 and PR-7.10-7.11.

7.1.3 Calibration laboratory shall have the right to refer to its accreditation only after accreditation of the extended/renewed scope.

7.1.4 The process of extending the scope of accreditation may combined with surveillance of the TL. In this case, the laboratory shall submit the application at least 4 months prior to the subject assessment.

7.1.5 The extended scope of accreditation shall be valid through the end of the term of calibration laboratory accreditation.

7.1.6 During the period of suspension of accreditation or in case of non-fulfillment of the obligations defined by the accreditation agreement, the TL cannot submit an application for extension of accreditation, as well as for reaccreditation.

7.1.7 In case of extending the scope of accreditation, the accreditation certificate shall be reformulated. An annex on extending the scope of accreditation or revising the scope of accreditation shall be enclosed with the accreditation certificate, which shall be recorded in the Registry of Accredited CABs and the Registry of Accredited Calibration Laboratories, according to Annex A.

# 7.2 Updating of the scope of accreditation

**7.2.1** For the updating of the scope of accreditation, the application and the attached documents calibration laboratory submits to the ARMNAB. No on-site assessment is performed during the updating process. The updating process is defined in procedures PR-03 and PR-7.

# 7.3 Reduction of the scope of accreditation

**7.3.1** The process of reduction of the scope of accreditation takes place in according to PR-7.10-7.11 and PR-7 procedures:

- at a request of the accredited CAB;

- as a result of a failure to fulfil, in the prescribed time, the conditions established at the time of the suspension of accreditation in a part of the scope;

- as a result of surveillance/extraordinary assessment, unannounced visit, witnessing.

**7.3.2** In case of reduction of accreditation, reformulation of accreditation certificate shall be carried out according to procedure PR-7.8. The annex on reduction of the field of accreditation or that on the field of accreditation having been changed shall be attached to the accreditation certificate whereon a respective indication shall be made in the register of accredited CABs and the Registry of Accredited Testing Laboratories, according to Annex A.

# 7.4 Suspension and Withdrawing of accreditation

7.4.1 The grounds and procedure for suspension and withdrawing of accreditation are defined in PR-7 procedure.

# 7.5 Recovery of accreditation

**7.5.1** After suspension of accreditation, accreditation is recovered through an extraordinary or surveillance assessment by one or a combination of the following processes:

• examination of documents,

• on-site assessment,

• witnessing.

**7.5.2** The procedure for recovery of accreditation is defined in procedure PR-7.

# 8 Complaints and appeals

The procedure for receiving, registering, evaluating, making decisions on appeals is established in K-04, for complaints – in PR-7.12 and posted on the ARMNAB website ([www.armnab.am](http://www.armnab.am)).

# 9. Obligations of Calibration laboratory and ARMNAB

9.1 The obligations of Calibration laboratory and ARMNAB are defined in the Accreditation Agreement concluded between Calibration laboratory and ARMNAB, as well as in section 5 of this document.

9.2 All information related to the relationship between ARMNAB and an accredited Calibration laboratory, or a Calibration laboratory and an applicant, must be confidential, therefore ARMNAB provides information about a Calibration laboratory to a third party if:

• publication of information is provided by accreditation standards, rules,

• defined by law or authorized bodies,

• the request with its justification is sent to ARMNAB by another accreditation body that is a signatory party to the EATM, EA, ILAC accreditation organizations,

• the provision of information is carried out with the express and unanimous consent of all involved parties.

# 10. Annexes

Annex A: Template of the Registry of Accredited Calibration Laboratories

Annex B: Information on the Calibration Certificates Issued by Calibration Laboratories and Participation in PT/ILC, on Plan performance

Annexes ACL-01-01 - ACL-01-09: Calibration Laboratory Application Form and Attached Documents

Annex ACL-01-01-DR: Document Review Report form, in accordance with GOST ISO/IEC 17025-2019

Annex ACL-01-02-DR – Additional Document Review Report form, according to GOST ISO/IEC 17025-2019 Standard

Annex ACL-01-R: On-site Assessment Report form, in accordance with GOST ISO/IEC 17025-2019

Annex ACL-01-AR: Additional On-site Assessment Report form, in accordance with GOST ISO/IEC 17025-2019

Annex ACL-01-CWR: Calibration Laboratory Witnessing Report form

**Annex A**

**Template of the Registry of Accredited Calibration Laboratories**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Accreditation Certificate registration number, CAB unique record number  | Date of issuing the Accreditation Certificate and the term of validity | Name of the calibration laboratory, place(s) of performance, contact information, manager’s contact data  | Name of the legal entity (under which the calibration laboratory operates), address, contact information, manager’s contact data  | Scope of accreditation | Information on accreditation by foreign accreditation bodies  | Change | Note |
| Name (type)of the measuring instrument subject to calibration |
|  |  |  |  |  |  |  |  |  |
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**Annex B**

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| --- |
| **Information on Calibration Certificates Issued by Calibration Laboratories**  |
| **No** | **The name of the calibration object** | **Total number of calibration certificates, unit** |  |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| **On Participation in Interlaboratory Comparisons (ILC)** |
| **No** | **The name of the calibration object**  | **ILC organizer – Accreditation Certificate number (if any)** | **Name, surname, date of participation of CL expert/specialist who participated in ILC** | **ILC (PA, z, ζ, z', En) results** | **Corrective/ improvement actions implemented based on ILC results** | **Plan assessment Implemented/not implemented (indicate the reason) (name, surname of the team leader/technical assessor** |

**LIST OF CHANGES TO THE DOCUMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Edition** | **Change** | **Changed clauses/words** | **Changed (previous) version** | **Signature of the entity making the change** |
| **No** | **Date of approval** | **No** | **Date of approval** |
| 2 | 10.09.2019 |  |  | Text of the procedure  | 1st edition (06.10.2016) |  |
| 3 | 29.12.2020 |  |  | Text of the procedure | New edit. |  |
| 4 | 07.04.2023 |  |  | Text of the procedure  | New edit. |  |
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**FAMILIARIZATION LIST**

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