Annexure-1

Serial No._____

BUREAU OF INDIAN STANDARDS
(LABORATORY RECOGNITION SCHEME 2013)

APPLICATION FOR RECOGNITION/ RENENWAL OF RECOGNITION OF TESTING LABORATORY
(Tick as applicable)

(To be filled by the applicant laboratory and submitted in duplicate)

1.	**Name of Applicant Laboratory and Complete Address**	
1.1	Name of the Laboratory	
(a)	Complete Address	
(b)	Landmark and location	
(c)	Telephone No.	
(d)	Fax number Email ID	
1.2	Name of the Chief Executive of applicant lab and designation	
	Mobile No. Email ID	
1.3	Name of the Deputy Chief Executive of applicant lab and designation	
	Mobile No.	
1.4	Name of the Head of operating laboratory and his deputy with designation	
	Mobile Nos.	
1.5	**Type of Organization**	
(a)	Govt. /Semi Govt.	
(b)	Private: Registered/ Unregistered	
(c)	Educational Institution, if yes	
	Level of teaching: P.G./ Graduate/ Diploma	

	Department controlling the lab	
1.6	**Premises of the applicant lab and its Legal Identity**	
(a)	Document authenticating premises of the lab [enclose self attested copy of document as per 3.1.1(b) of LRS 2013]	
(b)	Document establishing legal identity [enclose self attested copy of document as per 3.1.1(c) of LRS 2013]	
2.	**Recognition/Renewal** of recognition desired	
2.1	**Validity date of the recognition** (applicable in case of renewal of recognition)	
2.2	**Field(s) of testing** such as Mech., Elect., Chem. and Microbiological (as applicable)	
2.3	Field(s) of testing for which recognition had been agreed earlier (applicable in case of renewal of recognition)	
3.	**Product with IS Nos. applied for** (attach separate list)	
3.1	**Any change such as deletion/ addition in the existing scope of recognition** (applicable in case of Renewal of Recognition)	
3.2	**Testing charges** - Testing Fees chargeable (Attach details of total testing charges IS-wise, Section wise and its break-up test and clause-wise)	
3.3	Any concession in testing charges to BIS, in case the testing charges are to be borne by BIS	
4.	**Management structure of the lab** (attach separate sheet)	
4.1	Name & Designation of the person responsible for the Quality System Management in the Laboratory	
4.2	Management structure of the operating departments of the laboratory	
4.3	Name & Designation of the Heads of the operating departments of the laboratory	
5.	**Employees/Personnel**	
5.1	Total number of employees/ personnel in the Laboratory	
5.2	Details with name, designation, qualification, experience, training details, functioning area and concerned department etc. to be submitted in separate sheet as per the following format:	

Name	Designation	Qualification	Experience	Training details	Functioning area	Deptt	Employed since

5.3	Whether any systematic method available for training of personnel to update skills with due attention to quality requirements? Give details.	
6.	**Test Equipment/ Instruments and Test facilities**	
6.1	Attach list of Test Equipment/ Instruments and Test facilities as per the format given at Annex-1A (Attach filled in Annex-1A).	
6.2	IS-wise list of tests/ requirements for which facility is not available/not in working order as per the following format:	

IS No.	ISS & Clause Ref.	Name of the Equipment	Test/ Requirement for which required	Remarks

6.3	Repair and maintenance facility available internally or with outside agencies. (Please give details)	
6.4	(a) Arrangement for Calibration of test equipment/instruments (In-house or through outside agency (Please give details)	
	(b) In case calibration is done in-house, whether the calibration activity is accredited as per IS/ISO/IEC 17025 or ISO/IEC 17025. If yes, attach accreditation certificate.	
	(c) In case of in-house calibration of any equipment/ instrument whether standard reference materials (SRM/CRM) used for calibration are traceable to national or international standards of measurements and are within the validity period. (Attach details)	
6.5	Is the environment in which sampling is done and tests are carried out as per relevant ISS to ensure accuracy & reliability of test results. Give specific details.	
6.6	Are test methods & procedures followed as per the stipulation in relevant ISS, Manuals, etc? Give details for variations, if any.	
6.7	Whether in-house test facilities for testing the products applied for are as per relevant ISS and are complete.	
6.8	Whether in-house facilities are available for sample preparation. If not, give details.	
7.	**Laboratory Premises/Layout**	
7.1	Total space available	
7.2	Layout plan of the laboratory indicating testing area, office etc. (Attach Layout Plan)	

8.	**Water supply**	
8.1	Source	Municipal/Own
8.2	Any system for testing the water for suitability at certain frequency? Give details.	
9.	**Power supply**	
9.1	Source	State Electricity Board/ Similar organization/ Municipal/ Own generation.
9.2	Sanctioned/Available load	
9.3	Own Generator capacity, if any	
9.4	Load requirement	
9.5	Whether uninterrupted power supply is available continuously throughout 24 hours. Give details.	
9.6	Stability of power supply with respect to frequency/ voltage	
10.	**Type/Utilization of Testing Facility**	**Restricted/Open to public**
11	**Capacity/Time taken for issuance of reports**	
11.1	How many samples for different products for which recognition is sought can be taken up for testing in a month.(Attach IS-wise details)	
11.2	How much time (approx) would you take to issue test reports from the date of receipt of sample (Attach IS-wise details)	
12	**Laboratory Quality Management System**	
12.1	Is your laboratory accredited as per IS/ISO/ IEC 17025 or ISO/ IEC 17025	
12.2	Indicate the field(s) of accreditation	
12.3	Validity of accreditation	
12.4	If all the tests are not covered under the accreditation, reasons for it.	
12.5	Details of Quality Manual and procedures with work instructions/SOP's available with you (Attach copy of Quality Manual only)	
13.	**Handling and storage**	
13.1	Whether you have proper arrangement for handling of samples.	
13.2	Whether you have adequate and proper storage facilities for storage of samples at specified conditions before and after test as applicable. Give exact details.	
14.	**Proficiency Testing/Inter Laboratory Test Comparison**	
14.1	Whether your laboratory has participated in any proficiency testing/ Inter Laboratory test programme (during last three years) for any of the products for which recognition/ renewal of recognition is sought. (Attach details). If outcome is not satisfactory, reasons identified and corrective actions taken/proposed.	
15.	**Test Reports**	
15.1	Does test report cover all the aspects as per the requirement of IS/ISO/IEC 17025 or ISO/IEC 17025 (Attach existing format)	

15.2	Is the laboratory prepared to issue test reports in format approved by BIS as per Annex-5 (only for BIS related samples).	
15.3	Number of test reports issued during the last three years (Attach details in a separate sheet year wise, IS-wise and client-wise)	
16.	**Sub-Contracting of testing**	
16.1	Is any test sub-contracted in respect of the product for which recognition/ renewal of recognition is sought. If yes, attach details with reasons and period of sub-contracting.	
17.	**Confidentiality of samples**	
17.1	System for controlling the access of unauthorized persons in the testing areas	
17.2	Arrangement for ensuring impartiality, confidentiality of samples, independence in judgment & integrity in relation to the lab's activities	
18.	**Organizations on behalf of whom the laboratory is engaged in testing (Attach list)**	
19.	**Declaration with respect to applicable statutory clearances**	
20.	**Any other information which the lab wants to provide.**	

Signature
(CEO/ Owner of the laboratory/ authorized signatory*)

Name

Designation

Date

Place

* In case of authorized signatory a letter from CEO/ Owner of the lab certifying the signature of authorized signatory to be submitted with the application.

Annexure-1A

DECLARATION REGARDING AVAILABLE TEST FACILTIES FOR INDIAN STANDARDS

(To be submitted separately for each Indian Standard initially at the time of seeking recognition and subsequently as and when the standard is revised or amended.
(This proforma may be filed and printed as landscape, if considered necessary)

IS ….. : …. **Product :**

S. No.	Clause No. & Requirement	Method of Test (If & as applicable)	Test Facility (Equipment, Reference Material etc.)	Range, Accuracy and Least count (If & as applicable)		Calibration (If & as applicable)		Environmental condition (If & as applicable)		Remarks, If any
				Required	Available	Validity	Traceability	Required	Maintained	

Declaration – This is to declare that the test facilities as given above are owned by M/s……..(*Name of Lab*) and available at the premises situated at ……. (*address of the Lab*)

(Signature of Authorized Signatory)
Name & Designation (Stamp)
Date

Verification – The above test facilities are verified as available

(Signature of BIS Auditor)
Name & Designation
Date

Annexure-2
(Check List)

Documents to be submitted along with the application form for grant of Recognition under BIS Laboratory Recognition Scheme

i) Application form in duplicate duly filled & signed by the authorized signatory with designation and seal ☐

ii) Undertaking ☐

iii) Documents establishing proof of legal identity of lab ☐

iv) Documents establishing authentication of premises of lab ☐

v) Application fee with requisite service tax or any other Govt. levy as applicable ☐

vi) Scope of recognition applied for (product/IS wise list) ☐

vii) Employees' list with qualification/experience ☐

viii) List of equipments (IS wise/ clause wise with calibration status) ☐

ix) Latest Quality Manual -02 copies ☐

x) Proof of accreditation field wise as per ISO/IEC 17025 or IS/ISO/IEC 17025 ☐

xi) Declaration with respect to testing charges IS wise, Part wise, section wise as applicable, with break up test wise/ clause wise ☐

xii) Details of ILC/PT ☐

xiii) Declaration of testing capacity IS wise ☐

xiv) Declaration with respect to statuary clearances ☐

Signature:
Name:
Designation:
Seal of the laboratory:

Annexure-3

Serial No._____

BUREAU OF INDIAN STANDARDS
(LABORATORY RECOGNITION SCHEME 2013)

APPLICATION FOR EXTENSION OF SCOPE
(To be filled by the applicant laboratory)

1.	**Name of Laboratory with OSL code**			
1.1	Complete Address			
1.2	Telephone No.			
1.3	Fax number/Email ID			
1.4	Lab Premises/Layout			
1.4.1	Total Space available			
1.4.2	Layout plan of the lab indicating testing area, office etc.(attach layout plan)			
2.	**Validity date of BIS recognition**			
3.	**Product with IS Nos. applied for inclusion** (attach separate list)			
3.1	**Field(s) of testing applied for inclusion** (extension of scope)			
3.2	Is laboratory accredited as per IS/ISO/ IEC 17025 or ISO/ IEC 17025 in the field applied for inclusion			
3.3	Validity of accreditation			
4.	**Testing charges** - Testing Fees chargeable (Attach details of total testing charges IS-wise, Section wise and its break-up test and clause-wise)			
4.1	Any rebate in testing charges to BIS, in case the testing charges are to be borne by BIS			
5.	**Employees/Personnel**			
5.1	Is the lab having competent testing personnel for the IS(s) applied for inclusion			
6.	**Test facilities required for inclusion of IS(s)**			
6.1	Attach list of Test facilities as per the format given at Annex-1A (Attach filled in Annex-1A).			
6.2	IS-wise list of tests/ requirements for which facility is not available/not in working order as per the following format:			
IS No.	ISS & Clause Ref.	Name of the Equipment	Test/ Requirement for which required	Remarks
7.	**Capacity/Time taken for issuance of reports**			

7.1	How many samples for different products for which inclusion is sought can be taken up for testing in a month.(Attach IS-wise details)	
7.2	How much time (approx) it takes to issue test reports from the date of receipt of sample (Attach IS-wise details)	
8.	**Proficiency Testing/Inter Laboratory Test Comparison**	
8.1	Whether laboratory has participated in any proficiency testing/ Inter Laboratory test programme (during last three years) for any of the products for which inclusion is sought. (Attach details). If outcome is not satisfactory, reasons identified and corrective actions taken/proposed.	
9.	**Sub-Contracting of testing**	
9.1	Is any test sub-contracted in respect of the product for which inclusion is sought. If yes, attach details with reasons and period of sub-contracting.	
10.	**Any other information which the lab wants to provide.**	

Signature
(CEO/ Owner of the laboratory/ authorized signatory)

Name

Designation

Date

Place

Annexure-4

BUREAU OF INDIAN STANDARDS

U N D E R T A K I N G

1. I/We hereby declare that I/We shall comply with all the provisions and terms and conditions of BIS Laboratory Recognition Scheme as amended from time to time.

2. I/We agree that the recognition is solely for testing samples under BIS Certification Marks Scheme and I/We shall not misuse BIS recognition in any manner.

3. I/We agree to keep all the test results confidential and the same will not be communicated to anybody except BIS by any mode of communication.

4. I/We shall not come in direct contact with BIS Licensees/Applicants without prior permission from BIS (in special situations).

5. I/We agree to participate in proficiency testing/Inter Laboratory Test Comparison Programme for assessing/helping BIS to assess the technical competence of the laboratory and also agree for periodic visits by BIS experts as decided by BIS. The decision to continue recognition by BIS, on the basis of such testing and periodic visits, will be acceptable to me/us.

6. I/We also agree not to claim any testing charges for the samples tested as sent by BIS under the Proficiency Testing/Inter Laboratory Test Comparison Programme.

7. I/We agree to communicate to BIS any changes in equipment and/or personnel and the decision of BIS to continue or discontinue recognition made on the basis of scrutiny of such information shall be acceptable to me/us. Failure to comply may render us liable to de-recognition.

8. I/We agree to remit all stipulated fees as per BIS schedule of fees revised from time to time under Lab Recognition Scheme.

9. I/We also agree that the testing charges as per relevant ISS shall be valid for three years from the date of recognition/renewal of the lab and any subsequent revision of testing charges shall be with prior concurrence by BIS.

10. I/We agree that the recognition of the laboratory shall not bind BIS to make use of test facilities available in my/our laboratory.

11. I/We agree that lab management and testing personnel will fully cooperate with BIS officials during onsite assessment for the purpose of recognition/renewal or any investigation.

12. I/We declare that the equipment/test facilities given in the list as per Sl.No.6 of the application form are owned by me/us and shall not be used at any other place. BIS will be informed as and when there is any change in the list of test equipment/test facilities.

13. I/We agree that our application may be rejected/ our lab may be de-recognized if any information given in the application is found false/ incorrect at any time of processing of the application or any time during operation of recognition.

Signature
(CEO/ Owner of the laboratory/ authorized signatory*)
Name
Designation
Seal

Date:
Place:

* In case of authorized signatory a letter from CEO/ Owner of the lab certifying the signature of authorized signatory to be submitted with the application.