NEMA TESTING LABORATORY DESIGNATION SCHEME

NATIONAL ENVIRONMENTA MANAGEMENT AUTHORITY P.O. BOX 67839, NAIROBI, 00200; +254 020 609013/27; FAX + 254 020 60898997

NEMA APPLICATION FORM

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1.	This application form should be completed in detail and returned with the laboratory's control manual or equivalent documents.
2.	Additional information may be given on supplementary sheets clearly indicating the paragraphs to which they refer. In paragraphs 8 onwards when the information requested in contained in the Control Manual, it is sufficient to enter a reference to the appropriate section of the Control Manual.
3.	All information provided will be treated in the strictest confidence.

NEMA Reference Number.

NEMA Ref. N	No:
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PART A

Name and Address of Testing Laboratory	
Telephone No.	
Mobile	
Facsimile/Telex No.	
Email:	
Physical Address:	
2. Name and Address of parent organization, if any	
Telephone No.	
Facsimile/Telex No.	
Email Address:	
3. Name, Position (Director level) and	
address of the applicant (if different from that	
given in para.1)	
4. Name of main contact with NEMA and that of	
his deputy, and addresses (if different from that	
given in para. 1)	
5. Specify as precisely as possible in the following	
table the scope of accreditation sought. Wherever	
possible, standard specifications should be quoted	
in column 3 of the table. These may include	
specifications issued by companies and other	
organizations, both Kenya and foreign, as well as	
national and international standards. Please give	
the reference number and date of specifications	
listed.	

SCOPE OF APPLICATION

Materials or products tested	Type of tests for each material or product	Standard test methods used

6. List the major items of laboratory equipment currently in use for the type of tests listed opposite and give the range of measurements of the equipment

LABORATORY EQUIPMENT

ITEM	RANGE OF MEASUREMENT

7. Statement

The testing laboratory hereby agrees to conform to the NEMA regulations. I enclose a copy of
the laboratory's control manual and certify that the statements made in this application form are
true and correct to the best of my knowledge and belief.

Signature -	
Name	
Title	
Date	

PART B

GENERAL INFORMATION	YES/NO	CONTROL MANUAL REFERENCE OR DETAILS AS APPROPRIATE
8. Is the laboratory:		
a). Owned by an individual?		
b). Owned by a private company or partnership?		
c). Owned by a public limited company?		
d). Owned by a company with activities other than testing		
e). Part of an academic institution?		
f). Part of a learned or professional institution?		
g). Owned by a public body or nationalized industry?		
h). Another category? If so, describe		
9. If the answer to 8 d) is YES		
a) Are the 'other activities' the main activities?		
b) Describe the nature of the other major activities		
c) Does the laboratory undertake testing for outside organizations?		
d) Enclose an organizational chart showing the outline of the organization and the chain of command from the highest executive at that location down to the laboratory head.		

10. Provide the information requested below on any bodies, including any calibration service, which have assessed the testing laboratory during the last 5 years and enclose copies of certificates, which are currently in force.

Name and address of the assembling	Scope of accreditation or approval and number of certificates, if any	Dates of acc	Dates of accreditation, if any	
body		Start date	Expiry date	

11. List the type of testing and technical services, which are subcontracted and state whether any control is carried out at subcontractors' premises

Organization quality control and staff	Yes/No	Control Manual Reference
		or detail as appropriate
12. Are procedures for the		detail as appropriate
operations of the testing		
laboratory set out in the control manual?		
13. Is an organization chart contained in the control		
manual? If not, please attach.		
14. Has the officer responsible for		
the quality control the		
responsibility and authority to		
identify quality problems and		
initiate effective solutions		
15. Is there a prescribed audit		
procedure for checking quality		
control functions?		

- 16. List the names and technical qualifications of the following staff. For the laboratory Head and Deputy Head include a note on their relevant experience.
 - a). Laboratory Head (for independent Laboratories this would normally be the Senior Partner or Managing Director)
 - b). Deputy Head (for independent Laboratories this would normally be the Partner or Director)
 - c). Technical Manager:
 - d). Quality Control Manager (If he is not the Technical Manager)

e). Persons authorized to sign test reports

e). Fersons authorized to sign test reports			
	Yes/No	Control manual reference or	
		details as appropriate	
17. Does the control manual contain			
provisions for the supervision of			
unqualified staff?			
19 Have standards of professional			
18. Have standards of professional			
ability, skills and job descriptions			
been prescribed where necessary?			
19. Are training methods applied to			
attain and maintain skills with due			
attention to quality requirements?			
EQUIPMENT AD CALIBRATION			
20. Do fully documented procedures			
exist to ensure that the accuracy			
of test equipment is adequate for			
the testing service offered by the			
laboratory?			

- 21. Is a record maintained of all test equipment including calibration results
- 22. Are adequate facilities and environments provided for calibration, handling, control, storage and maintenance of all testing and measuring equipment?
- 23. Are there documented procedures for calibrating all equipment and reference standards which cover the method of calibration, maximum interval between calibrations and (where practical) the sealing of equipment after certification?
- 24. Are the reference standards used for calibration traceable to national or international standards?

TESTING AND ENVIRONMENT

- 25. Are manuals, work instructions and regulation for the tests performed, available to staff?
- 26. Are formal specifications available for each test?
- 27. Are test methods and procedures recorded which are not called up in specifications or manuals?
- 28. Are non-standard testing techniques used by the laboratory fully documented and made available to all concerned?
- 29. Is provision made to ensure that

environments in which tests are undertaken are suitable for the accuracy of the tests and measurements undertaken?

30. I s there control of access to laboratories?

HANDLING AND STORAGE

- 31. Are work and inspection instructions documented and implemented for the handling and storage of materials and samples?
- 32. Is provision made to prevent deterioration or damage to materials and samples both before and after tests?
- 33. Are storage methods prescribed including special environments?
- 34. Are there procedures for the inspection of samples in storage?
- 35. Is storage accessible only to authorized persons?

RECORDS

- 36. Is there a prescribed system of recording the method and results of testing activities?
- 37. Are observations and calculations recorded in a permanent workbook?
- 38. Are there arrangements for ensuring the accuracy, completeness and confidentiality of the prescribed records?
- 39. For what period does the laboratory retain the original

record observations and derived data?			
TEST REPORTS			
40. Do tests reports contain all the information required by a particular standard or request?			
41. Is the laboratory prepared to provide expert witness to appear in a court of Law to substantiate test reports if required?			
COMPLIANCE WITH NEMA STANDARD			
 42. (a). Do you consider that the laboratory complies at present with the NEMA Accreditation standard? (b). If not, in what specific areas does it not comply? (c) And by what date do you expect that the laboratory will be able to meet the NEMA Accreditation Standards? 			
Signature			
Name of Applicant			
Title			
Date			