

APPLICATION FORM FOR LABORATORY CERTIFICATION: FORM A

Name of Laboratory: Name of Parent Institution: Contact Person: Address: Telephone No.: E-mail address:

I/We hereby apply to be certified as operating a laboratory which is in conformance with the requirements of the Guyana Standard GYS 170 – General requirements for the operation of a laboratory.

I/We agree to allow the Guyana National Bureau of Standards (GNBS) to conduct audits of the premises as may be necessary.

I/We agree that any costs for consultation involved in the assessment of the laboratory prior to being certified shall be paid by me/us at the GNBS request.

I/we agree to abide by the terms and conditions for maintenance and withdrawal/cancellation of the certificate issued to me/us by the GNBS, as long as the certificate is in force.

On granting the certificate I/we, the applicant agrees:

- 1. To abide by the requirements outlined in the Guyana Standard GYS 170, "General requirements for the operation of a laboratory", and the GNBS's Laboratory Certification Programme.
- 2. To pay the required annual fees.
- 3. That the certificate may be withdrawn/cancelled, on failure by the applicant to comply with the requirements of the Guyana Standard GYS 170 and the GNBS's Laboratory Certification Programme.

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which the applicant has advis	of Standards (GNBS) agrees not to declare any information ed (in advance) as secret information, or which is obtained by the agreement holder, except when required by law.
Signature of Applicant:	•••••••••••••••••••••••••••••••••••••••
Name on Block letters:	•••••••••••••••••••••••••••••••••••••••
Position:	•••••••••••••••••••••••••••••••••••••••
For and Behalf of:	(Company stamp)
This completed application for the Guyana National Bureau o	orm, with initial questionnaire and application fee should be sent to of Standards at
Executive Director, Guyana National Bure Flat 15, Sophia Exhibit Georgetown	
The Bureau will then review	the application and commence processing.

INITIAL QUESTIONNAIRE FOR LABORATORY CERTIFICATION

This questionnaire should be completed and returned along with the application form. Additional information may be included on a separate sheet.

1.	Is the laboratory to be certified legally registered with the office of registration to operate a business? YES NO
2.	The registration number is
3.	What type(s) of testing is/are conducted at the laboratory?
	Clinical Diagnosis: Food Analysis:
	Chemical/Industrial Testing: Physical Testing: Microbiological Testing:
	Please state the number of tests done in each area on an attached sheet.
4.	Please list any other specific area(s) of testing not stated in 3.
5.	Please list the number of functional equipment in the laboratory on an attached sheet.
6.	Is your laboratory following any Management System? YES NO
	If yes, please identify the Management System being followed:
	ISO 17025 Standard ISO 9001 Standard
	GYS 170 Standard Good Laboratory Practices
	Any other:

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7. Please identi	fy the Manuals used in the laboratory.
	welity Menuel
	uality Manual
□ A	dministrative/Policy manual
Т	raining manual
T	echnical manual
S	tandard Operation Procedures
S	afety Manual
\square N	umber of Manuals
Any other: _	
Please submit c	opies of these manuals to the GNBS within 30 days of submitting this form.
	the number of staff working in the laboratory:
8. Please state t	
8. Please state t	he number of staff working in the laboratory:
8. Please state t	he number of staff working in the laboratory: ualified persons in type of testing conducted at laboratory
8. Please state t	he number of staff working in the laboratory: ualified persons in type of testing conducted at laboratory rained/experienced (3 years and over)
8. Please state t	the number of staff working in the laboratory: ualified persons in type of testing conducted at laboratory rained/experienced (3 years and over) ualified (high school certificates)
8. Please state to the state of	the number of staff working in the laboratory: ualified persons in type of testing conducted at laboratory rained/experienced (3 years and over) ualified (high school certificates) ualified (graduates from a University)
8. Please state to the state of	the number of staff working in the laboratory: ualified persons in type of testing conducted at laboratory rained/experienced (3 years and over) ualified (high school certificates) ualified (graduates from a University) pecialised training umber of Staff
8. Please state to Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	the number of staff working in the laboratory: ualified persons in type of testing conducted at laboratory rained/experienced (3 years and over) ualified (high school certificates) ualified (graduates from a University) pecialised training umber of Staff

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