

COMPLIANCE TO SADCAS POLICY ON METROLOGICAL TRACEABILITY

Date(s) of Assessment	
Organization	
Technical Assessor	
Scheme	
Area/ Field of Organization Assessed	
Facility Representative	

Applicable Documents
SADCAS TR 09; SADCAS PM 01; ILAC P10

Details of equipment. Refer to Table 1

Comments on adequacy of how requirements have been addressed, documented and/or implemented

Additional space for comments

Signed: Technical Assessor		Date:
Signed: Team Leader		Date:

Table 1: Details of equipment

Equipment Description	Unique ID or Serial No.	Quantity Measured & unit(s) (e.g. Pressure KPa, Mass kg, Dimension, mm)	Name of Calibration Service Provider (CSP)	Source of Metrological Traceability				Calibration Service Provider (CSP) Options (TA to indicate compliance or non-compliance, based on assessed compliance to appropriate subsection of SADCAS TR09).					Compliance = C, Non-compliance = NC, Not applicable = NA
				NMI / ILAC MRA Signatory Accreditation Body	Calibration Certificate No(s).	Calibration date	Calibration Certificate Expiry Date/ Validity (Where Applicable)	3 (a)	3 (b)	3 (c)	3 (d)	3 (e to i)	
								CIPM-MRA Signatory NMI, CMCs on BIPM KCDB	Accredited by ILAC MRA Signatory AB	Active SADME T/ AFRIM ETS NMI	Unaccredited CSP	Certified Reference Materials (CRM) Specify Option	

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								CIPM-MRA Signatory NMI, CMCs on BIPM KCDB	Accredited by ILAC MRA Signatory AB	Active SADMET/ AFRIMETS NMI	Unaccredited CSP	Certified Reference Materials (CRM) Specify Option	