

Laboratory Details	
Details	Details Data Fedded by Lab
Name of the Laboratory	
Country	
State/Province	
District	
Block	
Address	
Pincode	
Mobile No.	
Email Id	
Type	Download file
Technical Head/Lab Manager	
Accredited PT Program?	

Scope Applied					
Sl No.	Discipline - Group - Sub Group	Test Parameter	Range	Measurement Technique	CRM / RM
No Data Available!					

Equipments							
Sl No.	Discipline	Equipment Name	In-house/ traceability	External/ laboratory name	Calibration certificate of equipment	Image of the equipment via Mobile App	No Data Available!
No Data Available!							

Reference Material								
Sl No.	Discipline	Reference Material	Traceability	Source	Date of Expiry	Calibration certificate of reference material	Image of the reference material via Mobile App	No Data Available!
No Data Available!								

Proficiency Testing							
Sl No.	Discipline - Group - Sub Group	Test Parameter	Name of the PT Provider	Performance (z-score OR satisfactory/unsatisfactory)	Date of issue of PT Report	Upload Report	No Data Available!
No Data Available!							

Checklist Section	
Infrastructure	
ORGANIZATION	
(1)	Laboratory Display Board (Outside or on laboratory entrance)
(2)	Qualification certificate (Highest Technical Qualification) of Head of the Laboratory
(3)	Photograph of Head of the Laboratory

ACCOMMODATION AND ENVIRONMENTAL CONDITIONS	
(1)	General Cleanliness (Dust free and Good Housekeeping)
(2)	Records of Environmental Conditions maintained in the laboratory (Last one month)
(3)	Sample Storage Area
(4)	Safety Instruments/Precautionary Measures available in the laboratory
RECORD MAINTENANCE AND REPORTING	
(1)	Copy of Test Reports issued by the Laboratory (5 to 10 in number)
(2)	Specimen Signature with name of Person(s) authorized for issue of test reports
(3)	List of Technical Records maintained by the Laboratory
(4)	Result of Internal Quality Control checks (Retesting, Replicate Testing, Testing of Blind Sample etc.) performed by the laboratory in last one month.

We declare that,

1. We agree to comply with procedure of this scheme, pay charges for assessment (if applicable) irrespective of the result.
2. We agree to co-operate with the assessment team appointed by NABL for examination of all relevant documents by them and their visits to those parts of the laboratory that are part of the applied scope.
3. We satisfy all national, regional and local regulatory requirements for operating a laboratory.
4. We agree to comply with the terms & conditions mentioned in Procedure for NABL Government Block Level/ Sub Divisional Drinking Water Testing Laboratories Program
5. All information provided in this application is true.

I , Accept the above term & conditions.

Payment Details	
Order Id	
Date	
Amount(Rs)	