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HEALTH PHYSICS SOCIETY

INSTRUMENT CALIBRATION LABORATORY ACCREDITATION PROGRAM

INSTRUCTIONS FOR APPLICATION FOR ACCREDITATION


Please select a person in your organization who will be the Authorized Representative to act on behalf of the organization and commit it to fulfill the Health Physics Society (HPS) accreditation requirements. The Authorized Representative should carefully complete and sign this application, review all enclosed documents, and be totally familiar with all the requirements. He/she will be the liaison between the HPS Laboratory Accreditation Assessment Committee, the HPS Technical Director and your organization.

Although other staff members may be designated to perform other activities (i.e., handle proficiency testing or receive an assessor), the Authorized Representative will be the only one who can, in cooperation with the HPS, authorize a change in the scope or nature of the accreditation.

General Instructions

- Read all documents referenced in this application package so that you understand the accreditation requirements.
- Print or type all necessary forms.
- Complete all forms as thoroughly as possible. If additional space is needed for responses, attach *extra* pages to the appropriate page and identify each item being responded to. Failure to supply complete information will delay processing the application.
- Make a copy of all forms for your files.
- Remit a check for the application review and administrative fees payable to Health Physics Society. Print "HPS Instrument Calibration Accreditation" on the check to ensure proper crediting of payment. The application will not be processed without the accompanying check. Return all completed forms and check to:

R.J. Burk, Jr., Executive Secretary  
 Health Physics Society  
 1313 Dolley Madison Blvd., Suite 402  
 McLean, VA 22101


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Attachments

- a. Application Form
- b. Fee Calculation Form

Reference documents

- a. Accreditation criteria for HPS accredited calibration laboratories
- b. Program handbook for HPS accredited source calibration laboratories
- c. Program handbook for HPS accredited instrument calibration laboratories
- d. Quality manual for the HPS laboratory accreditation program

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ATTACHMENT A. APPLICATION FORM

HEALTH PHYSICS SOCIETY  
 INSTRUMENT CALIBRATION LABORATORY  
 ACCREDITATION PROGRAM

Please complete this form by printing or typing in the space provided. PROVIDE CLEAR, CONCISE INFORMATION DIRECTLY RELATED TO THE FACILITIES AND PROCEDURES FOR WHICH ACCREDITATION IS BEING REQUESTED.

1. Name and full address of organization as it should appear on the Certificate of Accreditation.

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Complete legal name and address of parent organization (if different from above).

Name: \_\_\_\_\_


Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Is your organization currently accredited for any radiation measurement or calibration activities under any other accreditation program? \_\_\_\_\_ Yes \_\_\_\_\_ No

a. If yes, please describe below and on attachments if necessary.

b. Are you requesting HPS recognition of the accreditation under another program?    Yes    No  
 If yes, the scope will    be expanded or will    remain the same as under the other program.

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4. Describe the ownership and management structure of your organization.

5. BRIEFLY describe the calibration organization in terms of GENERAL scope of operation:

6. How many facilities does your organization maintain that perform calibrations for instruments? \_\_\_\_\_

For how many facilities do you request accreditation as secondary laboratories? \_\_\_\_\_

For how many facilities do you request accreditation as tertiary laboratories? \_\_\_\_\_

7. Attach an outline or organizational chart identifying all key management and supervisory positions including reporting relationships for all operating, support, and service units of the calibration organization relevant to the accreditation request.


8. Facility(ies)

a) Please indicate the facility(ies) for which your organization is requesting accreditation at either the secondary or tertiary level.

	<u>Facility and Address</u>	<u>Level of Accreditation</u>	
		<u>Secondary</u>	<u>Tertiary</u>
1.	_____	_____	_____
	_____		
	_____		
2.	_____	_____	_____
	_____		
	_____		
3.	_____	_____	_____
	_____		
	_____		

b) For tertiary accreditation designate the name of the desired secondary laboratory affiliation.

	<u>Tertiary Facility</u>	<u>Preferred Affiliation</u>
1.	_____	_____
	_____	_____
	_____	_____
2.	_____	_____
	_____	_____
	_____	_____
3.	_____	_____
	_____	_____
	_____	_____

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c) Check which of the following are contained in the Quality Assurance System at this/these facility(ies):

	1	2	3
A staff training program			
An equipment maintenance program			
An equipment calibration program			
Written procedures for all activities			
A recordkeeping system*			
A quality control manual			

\*Indicate if computerized "C" or manual "M."

d) Is/are the facility(ies) registered under ISO 9001 or 9002? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, describe on attachment and attach a copy of certificates.

e) Provide the names of individuals at each facility who the HPS should contact regarding:

1. Proficiency Testing

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

On-Site Assessment

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Proficiency Testing

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

On-Site Assessment


Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Proficiency Testing

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

On-Site Assessment

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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f) For each facility indicated either attach or summarize below the position description, including the required qualifications (education, experience), of the person (Calibrations Director, Technical Director, or Manager, whoever named) who has technical responsibility for the calibration facility(s) for which accreditation is sought. (It is not necessary to send the resume of the incumbent.)

Title of Position: \_\_\_\_\_

Description of Position: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Required Qualifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Incumbent: \_\_\_\_\_

Telephone: \_\_\_\_\_

g) For each facility indicated, either attach or summarize below the required qualifications of the person in charge of day-to-day calibration operations (if different from the position described above).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Calibrations

For each facility for which accreditation is requested provide the following information (duplicate this page as necessary):

a) Type of calibrations performed:

Gamma:

Source (radionuclide)	Exposure Rate Range	Generic Type of Instrument Calibrated*

X-ray (list beam codes):

Beam Code (NIST or ISO)	Exposure Rate Range	Generic Type of Instrument Calibrated*

\*Ion chamber, GM, sodium iodide, etc.

- b) Calibration Equipment: Attach full description of calibrator(s) in use, sources and x-ray equipment including details on shutters, timers, filters, etc.
- c) Calibration Geometry: Attach full description of the calibration geometry(s) used including distances, positioning hardware, etc. Include drawings as needed.
- d) Calibration Standards: Attach information on all ion chambers and supporting electronics available for source standardization. These are the instruments and ion chambers used as secondary or tertiary standards.

- e) Describe the size of rooms used for calibration services and any additional activities that take place in these rooms including equipment storage.
- f) Will this facility be providing non-accredited services in addition to accredited calibration service? \_\_\_\_\_
- g) Indicate the total number of staff members who perform calibration functions at this facility.  
\_\_\_\_\_

10. Calibration services for which accreditation is sought (scope of accreditation):

Gamma

Source (radionuclide)	Exposure Rate Range	Generic Type of Instrument Calibrated*


X-ray:

Beam Code (NIST or ISO)	Exposure Rate Range	Generic Type of Instrument Calibrated*

\*Ion chamber, G-M, sodium iodide, etc.

11. Laboratory Protocol (Quality Manual(s))

- \_\_\_\_\_ A laboratory protocol is herewith submitted for each facility for which accreditation is requested.
- \_\_\_\_\_ Laboratory protocol(s) will be submitted when requested by the HPS Laboratory Accreditation Assessment Committee.
- \_\_\_\_\_ Laboratory protocol(s) being prepared; will be submitted soon.
- \_\_\_\_\_ Recommended content (outline) of a laboratory protocol is requested.

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12. Authorization


By authorizing this application you affirm that you are aware that if accreditation is granted to your organization, the accreditation applies to instrument calibration services using the specific sources and exposure rate ranges requested and using the calibration procedures demonstrated and approved during the on-site assessment. You are expected to use the same sources and procedures for all services performed under the auspices of this accreditation.

If any changes or deviations from these sources or procedures occur, it will be the responsibility of your organization to provide evidence that such changes lead to results that are technically equivalent to the accredited processing activities. Determination of technical equivalence will be made by a panel of technical experts under the auspices of the HPS Laboratory Accreditation Assessment Committee.

If the changes or deviations to the sources or procedures are not considered to provide results that are technically equivalent, they will not be covered by the accreditation until they have been fully evaluated and/or their performance demonstrated in accordance with the accreditation criteria.


In authorizing this application you declare that you have read the Program Description and Procedures and the Criteria for Accreditation and commit the applicant to the following Basic Conditions:

- To meet and maintain compliance with applicable HPS Criteria for Accreditation.
- To participate in proficiency testing or intercalibrations that may be required for achieving or maintaining accreditation.
- To be evaluated and audited initially and on a periodic basis by the HPS.
- To claim or imply (including advertising) accreditation only for those procedures listed within the Scope of Accreditation.
- In the case of a SAL, to offer with priority its services to candidate or accredited TALs.
- To report annually to the HPS the number of instruments calibrated for external customers and the details

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of major challenges, if any, regarding the quality of services.

- To include in its calibration report a statement that the end user of its services may contact the HPS Secretariat to report any problems with the calibration program.
  
- To pay accreditation fees, annual fees, and an apportioned share of any annual deficit (not to exceed 20% of original accreditation fee).
  
- To avoid reference by itself and forbid others utilizing its services from referencing its accredited status in consumer media and in product advertising or on product labels, containers, and packaging or the contents therein. (Note: An accredited organization may advertise its accredited status on its letterhead, brochures, and test reports as well as in trade publications and other commercial services advertising media. The rules governing the use of the accreditation logo are given in the criteria document.)
  
- To permit the on-site assessor to review and examine records or other documents required by the criteria.

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In authorizing this application you also affirm that the applicant organization is operated in accordance with generally accepted professional and ethical business practices and further agree that as a minimum it will be the policy of the organization to:

- Maintain an independent decisional relationship between clients, affiliates, or other organizations so that the applicant organization’s capacity to render reports objectively and without bias is not adversely affected.
- Return to the Health Physics Society its certificate of accreditation should it become unable to conform to any of the Basic Conditions or Criteria for Accreditation, for possible revision or other action.

I hereby authorize this application and attest that all statements made are true, complete, and correct to the best of my knowledge and belief and are made in good faith.


Authorized Representative:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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ATTACHMENT B. FEE CALCULATION FORM

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The initial triennial accreditation fees are composed of a one-time application review fee, an annual program administration fee, a proficiency test fee, and an on-site assessment fee. The first two fees (application review and program administration) must be paid at the time of application. Contact the Executive Secretary of HPS for the current fee schedule and insert the appropriate amounts here:

	Facility 1	Facility 2	Facility 3
Application Review			
Program Administration			
Facility subtotal			

Total submitted with application \_\_\_\_\_

The fee for on-site assessment of each facility will be estimated from information supplied in the application. You will be billed for the on-site assessment by the Health Physics Society at a later date.

The fee for proficiency testing of each facility will also be estimated from information supplied by the applicant. You will be billed for proficiency testing by the National Institute of Standards and Technology (NIST) at a later date if you applied for accreditation at the secondary level. A secondary laboratory will bill tertiary-level applicants.