

OIML CERTIFICATION SYSTEM (OIML-CS)

QMS Expert (Lead Assessor) Application Form

1. Scope:

Please select the scope for which you are applying.

Lead Assessor for peer assessments of:

OIML Issuing Authorities (ISO/IEC 17065)

Test Laboratories (ISO/IEC 17025)

2. Personal Details:

Surname:			
First Name:			
Date of Birth:			
Nationality:			
Job Title:			
Company:			
Company Address:			
Phone Number:			
Direct Phone Number:			
Fax Number:			
E-mail:			
3. Current Responsibilities and General Work Experience:			
Please provide information on your current responsibilities and general work experience:			

4.	Quality Syst	ems Experience	
4.1	Do you perform <u>assessments/audits</u> according to ISO/IEC 17025?		
		Yes	No
	If the answer i	s "Yes", please indicate	in which category of Experts you belong:
		Quality Management	Systems Expert (Lead Assessor)
		Metrological/Technic	eal Expert
			areas of competence that you are able to audit or assess, sments, and time period.
4.2	Do you perfor	m <u>assessments/audits</u> ac	ecording to ISO/IEC 17065?
		Yes	No
	If the answer i	s "Yes", please indicate	in which category of Experts you belong:
		Quality Management	Systems Expert (Lead Assessor)
		Metrological/Technic	eal Expert
			areas of competence (including product certification audits/assessments, and time period.

	Yes	No		
	If the answer is "Yes", p	ease indicate:		
	The name of the National Accreditation Body:			
	The relevant standards(s):			
		SO/IEC 17065 - Product Certification		
	ISO/IEC 17021 - Certification of Management Systems			
		SO/IEC 17025 - Calibration and Testing Laboratories		
		SO/IEC 17020 - Inspection Bodies		
		ther (please specify):		
5.	Legal Metrology Exp	rience		
Please provide information on your legal metrology experience, including knowledge of the OIML Certification System (OIML-CS), OIML D 29 and OIML D 30:				
6.	Additional Informati	n		
6.1	Is there any country to w	nich you are unable to travel?		
	Yes	No		
If the answer is "Yes", please indicate which one(s):				
6.2	Do you suffer from any	ealth problem(s) preventing you from traveling by plane?		
	Yes	No		

Do you perform <u>assessments/audits</u> for a National Accreditation Body?

4.3

Language	Spoken	Written	Reading

7. OIML-CS Management Committee Member Nomination

7.1 I, the undersigned, as a Member of the OIML-CS Management Committee hereby nominate to be a QMS expert under the OIML-CS.

MC Member Name	Date	Signature

End of Application Form

For use by the Executive Secretary only

Executive Secretary Review:

Process stage	Information	Comments
Date application received:		
Date of application review:		
All relevant information provided:		
CV provided:		
Application accepted:		
Date sent to Review Committee:		

Review Committee:

Process stage	Information	Comments
Date of review:		
Recommendation to approve expert:		
Date sent to Management Committee:		

Management Committee Approval:

Process stage	Information	Comments
Date of review:		
Approve expert:		
Date expert notified:		
Date expert added to list:		

For use by the Review Committee only

Requirement	Yes/No	Comments	
Relevant responsibilities and experience:			
QMS experience			
17025 audits/assessments:			
17065 audits/assessments:			
Relevant NAB experience:			
Evidence of qualifications:			
Evidence of competence:			
Legal Metrology experience			
Relevant responsibilities and experience:			
Evidence of knowledge of OIML-CS:			
Evidence of knowledge of D 29/D 30:			
Other			
Any limitations?			
Recommendation on the approval of	the QMS expert:		
	Yes No	,	
Review Committee Chairperson:			
Signature:			
Date:			