



OIML CERTIFICATION SYSTEM (OIML-CS)

Test Laboratory Application Form

1. **Country:**
2. **Test Laboratory name:**
3. **OIML Issuing Authority name:**
4. **Type of application**

New Test Laboratory

Modification/extension to scope of an existing Test Laboratory, e.g. addition of a new instrument category, addition of another edition of an OIML Recommendation, transition from Scheme B to Scheme A.

5. **Test Laboratory details**

Note: Complete this section for a new application or if the existing contact details of the Test Laboratory have changed.

Address	Contact Details	
	Name:	
	Tel:	
	E-mail:	

6. **Scope**

In the table on the following page please detail the category(ies) of measuring instrument(s), the applicable OIML Recommendation(s) and the Scheme(s) that you are applying for.

Note: For a modification/extension to scope it is only necessary to detail the change(s) from the existing scope.

Measuring Instrument Category	OIML Recommendation	Scheme ¹	Restrictions ²
Taximeters	R 21:2007		
Material Measures of Length	R 35:2007		
Active electrical energy meters	R 46:2012		
Water meters	R 49:2006		
	R 49:2013		
Continuous totalizers	R 50:2014		
Automatic catchweighers	R 51:2006		
Sound Level Meters	R 58:1998		
Moisture meters for cereal grains and oilseeds	R 59:2016		
Load cells	R 60:2000		
	R 60:2017		
	R 60:2021		
Automatic Gravimetric Filling Instruments	R 61:2004		
	R 61:2017		
Heat Meters	R 75:2002		
Non-automatic Weighing Instruments	R 76:1992		
	R 76:2006		
Cryogenic Liquids	R 81:1998		
Level Gauges for Stationary Storage Tanks	R 85:2008		
Integrating-averaging Sound Level Meters	R 88:1998		
Focimeters	R 93:1999		
Vehicle exhaust emissions	R 99:2008		
Sound Calibrators	R 102:1992		
Pure-tone Audiometers	R 104:1993		
Automatic Rail-weighbridges	R 106:2011		
Discontinuous Totalisers	R 107:2007		
Pressure Balances	R 110:1994		
Liquids other than Water	R 117:1995		
	R 117:2007		
	R 117:2019		
Speech Audiometry	R 122:1996		
Evidential breath analysers	R 126:1998		
	R 126:2021		
Ergometers for foot crank work	R 128:2000		
Multi-dimensional measuring instruments	R 129:2000		
	R 129:2020		
Liquid-in-glass thermometers	R 133:2002		
Weighing road vehicles in motion	R 134:2006		
Areas of Leather	R 136:2004		
Gas meters	R 137:2012		
Compressed Gaseous Fuel systems for Vehicles	R 139:2014		
	R 139:2018		
Continuous measurement of SO ₂ in stationary source emissions	R 143:2009		
Continuous measurement of CO, NO _x in stationary source emissions	R 144:2013		

Measuring Instrument Category	OIML Recommendation	Scheme ¹	Restrictions ²
Ophthalmic instruments - Impression and applanation tonometers	R 145:2015		
Protein measuring instruments for cereal grains and oilseeds	R 146:2016		
Non-invasive non-automated sphygmomanometers	R 148:2020		
Non-invasive automated sphygmomanometers	R 149:2020		
Continuous totalizing automatic weighing instruments of the arched chute type	R 150:2020		

Note 1: For Scheme A, please specify the scope for the measuring instrument category(ies) selected above using the table(s) in the appropriate Annex(es) which can be downloaded from the OIML website at <https://www.oiml.org/en/oiml-cs/application-forms>

Note 2: For Scheme A, any restriction(s) should be specified in the appropriate Annex(es).

7. Assessment of competency

Competency of the Test Laboratory has been assessed on the basis of:

Accreditation

Peer Assessment

Self-declaration*

* Self-declaration is permitted only for Scheme B.

Use the box below to provide details of how the Test Laboratory fulfils the requirements of ISO/IEC 17025 and OIML D 30. For accreditation or peer assessment, please provide details of assessments, assessment reports, and OIML approved experts. In the case of self-declaration, please state references to the relevant supporting evidence, including an internal audit report covering the scope applied for.

8. Information and Documentation Checklist

Has the following information/documentation been provided in support of the application?

Information/Documentation	Supplied	Comment
Procedures between the OIML Issuing Authority and the MTL (<i>where applicable</i>)		
Accreditation certificate and most recent accreditation assessment report (<i>Scheme A only</i>)		
Peer Assessment report (<i>Scheme A only</i>) (<i>State if peer assessment is to be organized</i>)		
Results of intercomparisons		
Competency declaration (<i>Section 7</i>)		
The most recent internal audit report for the relevant scope		
A copy of the most recent test report for each category of measuring instrument		

9. Test Laboratory Statement

I hereby confirm that the information provided above is true, complete and accurate.

Name of Responsible person:

Date:

Position in organization:

Signature:

10. OIML Issuing Authority Endorsement

I endorse the application of the organization named in section 2 to be a Test Laboratory under the OIML-CS.

Name of Responsible person:

Date:

Position in organization:

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:		
Application accepted:		
Date sent to Review Committee:		

Review Committee:

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

Management Committee Approval:

Process stage	Information	Comments
Date of review:		
Approve Test Laboratory:		
Date Test Laboratory notified:		

For use by the Review Committee only

Requirement	Yes/No	Comments
Scheme A		
Scope of accreditation or peer assessment covers the TL scope:		
Scope of peer/accreditation assessment report(s) covers the TL scope:		
Approved Management System Expert used (<i>peer assessment only</i>):		
Approved Legal Metrology Expert(s) included in the assessment team:		
Procedures between the OIML IA and the MTL are suitable (<i>where applicable</i>)		
All relevant evidence provided to support application:		
Scheme B		
Scope of the self-declaration covers the scope of the TL:		
Relevant evidence provided to support application:		

Recommendation on the approval of the Test Laboratory:

Yes

No

Comments:

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Review Committee Chairperson:

Signature:

Date: