

OIML CERTIFICATION SYSTEM (OIML-CS)

Test Laboratory Application Form

1. Country:

2. OIML Issuing Authority:

3. Test Laboratory

3.1 Details:

Organization Name	Address	Contact Details
		Name:
		Tel:
		E-mail:

3.2 Status:

Internal

Third-party

MTL

4. OIML-CS Scheme A

4.1 Scope

Measuring Instrument Category	OIML Recommendation	Select ¹	Restrictions ²
Load cells	R 60:2000		
	R 76:1992		
Non-automatic Weighing Instruments	R 76:2006		

Note 1: Please specify the scope for the measuring instrument category(ies) selected above using the table(s) in the appropriate Annex(es) to this form.

Note 2: Any restriction(s) should be specified in the appropriate Annex(es).

4.2 Assessment of competency

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

Accreditation

Peer Assessment

Please provide details of assessments, assessment reports, and OIML approved experts:

5. OIML-CS Scheme B

Please detail below the category(ies) of measuring instrument(s) and the applicable OIML Recommendation(s) that you wish to apply for.

5.1 Scope

Measuring Instrument Category	OIML Recommendation	Select	Restrictions ¹
Taximeters	R 21:2007		
Active Electrical Energy Meters	R 46:2012		
Water Meters	R 49:2006		
water Meters	R 49:2013		
Continuous Totalisers	R 50:2014		
Automatic Catchweighers	R 51:2006		
Automatic Gravimetric Filling Instruments	R 61:2004		
Heat Meters	R 75:2002		
Level Gauges for Stationary Storage Tanks	R 85:2008		
Vehicle Exhaust Emissions	R 99:2008		
Automatic Rail-weighbridges	R 106:2011		
Discontinuous Totalisers	R 107:2007		
Linvida other then Weter	R 117:1995		
Liquids other than Water	R 117:2007		
Evidential Breath Analysers	R 126:2012		
Multi-dimensional Measuring Instruments	R 129:2000		
Weighing Road Vehicles in Motion	R 134:2006		
Gas Meters	R 137:2012		
Compressed Gaseous Fuel systems for Vehicles	R 139:2014		

Note 1: Any restriction(s) should be specified below.

Please provide details of any restriction(s):

5.2 Competency: Self-declaration

Please provide details of how the Test Laboratory fulfills the requirements of ISO/IEC 17025 and OIML D 30 (state references to the relevant supporting evidence, including an internal audit report covering the scope applied for):

6. Additional National Requirements

Please detail below the Additional National Requirements of Utilizers or Associates that can be performed.

State	Measuring Instrument Category	Name of Requirement	Requirements and applicable test procedure reference document

7. Information and Documentation Checklist

7.1	Has the following	information/	documentation 1	been provided	l in support	of the application?
	2	,		1	11	11

Information/Documentation	Supplied	Comment
Procedures between the MTL and the OIML Issuing Authority (<i>where applicable</i>)		
Accreditation certificate and most recent accreditation assessment report (<i>Scheme A only</i>)		
Peer Assessment report (Scheme A only) (State if peer assessment is to be organized)		
Competency declaration in section 5.2 (Scheme B only)		
The most recent internal audit report for the relevant scope (<i>Where a self-declaration has been made</i>)		
A copy of the most recent test report for each category of measuring instrument		
Results of intercomparisons		

8. Test Laboratory Statement

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

Name of Responsible person:

Position in organization:

9. OIML Issuing Authority Endorsement

I endorse the application of the organization detailed in section 4 to be a Test Laboratory under the OIML-CS.

Name of Responsible person:

Position in organization:

End of Application Form

Signature:

Test Lab App. Form (Ver. 20170912)

Date:

Signature:

Date:

Annex A

OIML Issuing Authority Scope: OIML R 60

	Class A	Class B	Class C	Class D
Minimum load				
D_{min}				
(kg)				
Maximum load				
D_{max}				
(kg)				
Maximum number of				
load cell verification				
intervals				
n _{max}				
Minimum load cell				
verification interval				
V _{min}				
Type of loads to be	Tension		Compress	sion
tested				
	Beam (shea	r)	Beam (be	nding)
	Universal			
Type of tests related to	Damn heat	steady state	Damn hea	t, cyclic test
humidity effects	^		Damp ilea	i, cyclic iesi
Range for temperature	Lower limit:	°C		
effects	Upper limit:	°C		

Restrictions:

Annex B

OIML Issuing Authority Scope: OIML R 76:1992

	Class I	Class II	Class III	Class IIII
Maximum test				
capacity				
(kg)				
Maximum				
number of				
verification scale				
intervals (Max/e)				
Minimum				
verification scale				
intervals				
(g)				

Restrictions:

Annex C

OIML Issuing Authority Scope: OIML R 76:2006

Γ	Class I	Class II	Class III	Class IIII
Maximum test				
capacity				
(kg)				
Maximum				
number of				
verification scale				
intervals (Max/e)				
Minimum				
verification scale				
intervals				
(g)				

Restrictions:

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: (in support of an OIML Issuing Authority application)		
Date Issuing Authority notified:		
Date Test Laboratory listed in the Declaration:		

For use by the Review Committee only

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

Recommendation on the approval of the Test Laboratory:

Yes No

Review Committee Chairperson:

Signature:

Date: