Peer Assessment Report No.:

OIML Issuing Authority details:

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

Type of Peer Assessment:

* Initial 🞏 Renewal

Scope of Peer Assessment:

|  |  |  |  |
| --- | --- | --- | --- |
| **Measuring Instrument Category** | **OIML Recommendation** | **Select** | **Comments** |
| Taximeters | R 21:2007 |  |  |
| Active Electrical Energy Meters | R 46:2012 |  |  |
| Water Meters | R 49:2006 |  |  |
| R 49:2013 |  |  |
| Continuous Totalisers | R 50:2014 |  |  |
| Automatic Catchweighers | R 51:2006 |  |  |
| Load cells | R 60:2000 |  |  |
| Automatic Gravimetric Filling Instruments | R 61:2004 |  |  |
| Heat Meters | R 75:2002 |  |  |
| Non-automatic weighing instruments | R 76:1992 |  |  |
| R 76:2006 |  |  |
| 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 |  |  |
| Liquids other than Water | R 117:1995 |  |  |
| 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 |  |  |

This report contains ........ pages and ....... annex(es).

Date(s) of Peer Assessment: ...........................................................

Peer Assessment Team:

|  |  |
| --- | --- |
| **Name** | **Role (e.g. Lead Assessor, Legal Metrology Expert)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Personnel met during the Peer Assessment:

|  |  |
| --- | --- |
| **Name** | **Job Title / Function** |
|  |  |
|  |   |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Lead Assessor** | **Date** | **Signature** |
|  |  |  |

Summary of Non-conformities Identified:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ISO/IEC 17025****Applicable Clauses** | **NC[[1]](#footnote-1)** | **NA/NE[[2]](#footnote-2)** | **NC Sheet Number** | **Comments** |
| **4 - Management Requirements** |
| 4.1 | Organization |  |  |  |  |
| 4.2 | Quality System |  |  |  |  |
| 4.3 | Document Control |  |  |  |  |
| 4.4 | Review of request, tender or contract |  |  |  |  |
| 4.5 | Subcontracting of tests and calibrations |  |  |  |  |
| 4.6 | Purchasing services and supplies |  |  |  |  |
| 4.7 | Service to the client |  |  |  |  |
| 4.8 | Complaints |  |  |  |  |
| 4.9 | Control of non-conforming testing and/or calibration work |  |  |  |  |
| 4.10 | Corrective action |  |  |  |  |
| 4.11 | Preventive action |  |  |  |  |
| 4.12 | Records |  |  |  |  |
| 4.13 | Internal audits |  |  |  |  |
| 4.14 | Management reviews |  |  |  |  |

Summary of Non-conformities Identified (continued):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ISO/IEC 17025****Applicable Clauses** | **NC[[3]](#footnote-3)** | **NA/NE[[4]](#footnote-4)** | **NC Sheet Number** | **Comments** |
| **5 – Technical Requirements** |
| 5.1 | General |  |  |  |  |
| 5.2 | Personnel |  |  |  |  |
| 5.3 | Accommodation and environmental conditions |  |  |  |  |
| 5.4 | Test and calibration methods including sampling |  |  |  |  |
| 5.5 | Equipment |  |  |  |  |
| 5.6 | Measurement traceability |  |  |  |  |
| 5.7 | Sampling |  |  |  |  |
| 5.8 | Handling and transportation of test items and calibration items |  |  |  |  |
| 5.9 | Assuring the quality of test and calibration results |  |  |  |  |
| 5.10 | Reporting the results |  |  |  |  |

|  |
| --- |
| **METROLOGICAL AND TECHNICAL CONCLUSIONS** |
|  |
| **Legal Metrology Expert** | **Date** | **Signature** |
|  |  |  |

|  |
| --- |
| **QUALITY SYSTEM CONCLUSIONS** |
|  |
| **Quality Systems Expert** | **Date** | **Signature** |
|  |  |  |

**NON-CONFORMITY SHEET No. ……**

|  |  |
| --- | --- |
| Peer Assessment Report No.: | …… |
| Reference Standard: ISO/IEC 17025 | Reference Standard Clause No.: …… |
| Non-conformity related to: | 🞏 Requirements🞏 Implementation |
| Observation: |
| Consequence: |
| Assessor/Expert Name:……………………….. | Date:………………………….. | Signature:…………………………… |
| Laboratory Agreement: | 🞏 Yes🞏 No |
| Laboratory Representative:……………………….. | Date:………………………….. | Signature:…………………………… |
| Summary of Corrective Action(s): |
| Date for Implementation: | ………………………….. |
| Laboratory Representative:……………………….. | Date:………………………….. | Signature:…………………………… |
| Date Evidence Supplied: | ………………………….. |
| Evidence Accepted: | 🞏 Yes🞏 No |
| Assessor/Expert Name:……………………….. | Date:………………………….. | Signature:…………………………… |

1. NC: Non-conformity [↑](#footnote-ref-1)
2. NA: Not applicable NE: Not Examined [↑](#footnote-ref-2)
3. NC: Non-conformity [↑](#footnote-ref-3)
4. NA: Not applicable NE: Not Examined [↑](#footnote-ref-4)