

**APPLICATION FORM FOR LABORATORY CERTIFICATION : FORM A**

**Name of Laboratory:** \_\_\_\_\_

**Name of Parent Institution:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Fax No.:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**I/We hereby apply to be certified as operating a laboratory which is in conformance with the requirements of the Guyana Standard GYS 170 – General requirements for the operation of a laboratory.**

I/We agree to allow the Guyana National Bureau of Standards (GNBS) to conduct audits of the premises as may be necessary.

I/We agree that any costs for consultation involved in the assessment of the laboratory prior to being certified shall be paid by me/us at the GNBS request.

I/we agree to abide by the terms and conditions for maintenance and withdrawal/cancellation of the certificate issued to me/us by the GNBS, as long as the certificate is in force.

**On granting the certificate I/we, the applicant agrees:**

1. To abide by the requirements outlined in the Guyana Standard GYS 170, “General requirements for the operation of a laboratory”, and the GNBS’s Laboratory Certification Programme.
2. To pay the required annual fees.
3. That the certificate may be withdrawn/cancelled, on failure by the applicant to comply with the requirements of the Guyana Standard GYS 170 and the GNBS’s Laboratory Certification Programme.

The Guyana National Bureau of Standards (GNBS) agrees not to declare any information which the applicant has advised (in advance) as secret information, or which is obtained by the GNBS in confidence from the agreement holder, except when required by law.

**Signature of Applicant:** .....

**Name on Block letters:**.....

**Position:**.....

**For and Behalf of:**.....

**(Company stamp)**

This completed application form, with initial questionnaire and application fee should be sent to the Guyana National Bureau of Standards at:

**Executive Director,**  
Guyana National Bureau of Standards,  
Flat 15, Sophia Exhibition Site,  
Georgetown

The Bureau will then review the application and commence processing.

**INITIAL QUESTIONNAIRE FOR LABORATORY CERTIFICATION**

This questionnaire should be completed and returned along with the application form. Additional information may be included on a separate sheet.

1. Is the laboratory to be certified legally registered with the office of registration to operate a business?  **YES**  **NO**

2. The registration number is \_\_\_\_\_

3. What type(s) of testing is/are conducted at the laboratory?

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Clinical Diagnosis:</b>          | <input type="checkbox"/> <b>Food Analysis:</b>    |
| <input type="checkbox"/> <b>Chemical/Industrial Testing:</b> | <input type="checkbox"/> <b>Physical Testing:</b> |
| <input type="checkbox"/> <b>Microbiological Testing:</b>     |   |

Please state the number of tests done in each area on an attached sheet.

4. Please list any other specific area(s) of testing not stated in 3.

.....

5. Please list the number of functional equipment in the laboratory on an attached sheet.

6. Is your laboratory following any Management System?

**YES**  **NO**

If yes, please identify the Management System being followed:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>ISO 17025 Standard</b> | <input type="checkbox"/> <b>D 9001 Standard</b>           |
| <input type="checkbox"/> <b>GYS 170 Standard</b>   | <input type="checkbox"/> <b>Good Laboratory Practices</b> |

**Any other:** \_\_\_\_\_

1. Please identify the Manuals used in the laboratory.

**Quality Manual**

**Administrative/Policy manual**

**Training manual**

**Technical manual**

**Standard Operation Procedures**

**Safety Manual**

**Number of Manuals**

**Any other: \_**

**Please submit copies of these manuals to the GNBS within 30 days of submitting this form.**

---

2. Please state the number of staff working in the laboratory:

**Qualified persons in type of testing conducted at laboratory**

**Trained/experienced (3 years and over)**

**Qualified (high school certificates)**

**Qualified (graduates from a University)**

**Specialised training**

**Number of Staff**

**Any other:**