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| **Title** |  | **Application for accreditation for Certification Bodies and/or Testing Laboratories for purposes of notification in accordance with Reg. (EU) 305/2011** |
|  |
| **Reference** |  | **DA-13** |
| **Revision** |  | **00** |
| **Date** |  | **2021-05-03** |

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| ***NOTE: This document is the English version of the document under reference at the specified revision. In case of conflict, the Italian version will prevail. To identify the revised parts reference must be made to the Italian version only.*** |

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| **Preparation** |  | **Approval** |  | **Authorization** |  | **Application date** |
| The Management system Head |  | The Directors  of the Dept. of Certification and Inspection and the Dept. of Testing Laboratories |  | The General Director |  | 2021-05-05 |

**Modalities for the completion of this application to request the activation of one or more accreditation procedures in the area of CPR - Construction products, for the purpose of authorization and notification in accordance with Regulation (EU) n. 305/2011:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Typology of CAB** | **Systems of evaluation and verification of performance consistency** | **The part of this application that must be completed** | **Competent department** | **Email address** |
| **If it is a certification body** | Evaluation system 1, 1+, 2+ | DA-13 section A | DC | [*milano@accredia.it*](mailto:milano@accredia.it) |
| **If it is a testing lab** | Evaluation system 3 | DA-13 section B | DL | [*info@accredia.it*](mailto:info@accredia.it) |
| **Both certification body and testing lab** | Evaluation system 1/1+/2+,  3 | Complete the DA-13 in both sections A and B | DC and DL | Send the application to both addresses   * [*milano@accredia.it*](mailto:milano@accredia.it) * [*info@accredia.it*](mailto:info@accredia.it) |

The CAB, also if it is already accredited, must also complete the DA-00 application.

Failure to answer the questions indicated or the absence of the required attachments, may necessitate a request for additional documents before acceptance of the application.

# A. PART RESERVED FOR CERTIFICATION BODIES

|  |  |
| --- | --- |
| Full name and acronym of the CAB | …………………………………………………………………………… |

# PURPOSE OF THE APPLICATION FOR ACCREDITATION, as a body for

|  |  |
| --- | --- |
| System 1  System 1+  System 2+ | This application is presented for the purpose of:  first notification  renewal of notification due to expire on \_\_\_\_\_\_  extension of notification  further notification  update of notification  maintenance of notification (*for 18 months from the notification without accreditation)* |

# ScopE OF THE accreditatIoN

**Enter in the table scope of accreditation/extension requested, completing it for each product requested in line with what is reported below (repeat the lines if necessary)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Regulation (EU) 305/2011** | | | | | |
| **Indicate the homogeneous family of products and/or the basic requirements of the activities relevant to the harmonized technical specification and for which it is requesting accreditation/extension**  *(do not write in this space)* | | | | | |
| **Decision** | **Mandate** | **Family of the product/s**  **Intended use** | **Technical Specification** | **AVCP system -**  **Systems of evaluation and verification of performance**  **consistency**  **(e.g. 1, 1+, 2+)** | **Basic requirements of the activities**  **(e.g. 1, 2, 3, 4, 5, 6, 7) with indication of the exclusions, where required by the standard** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

All fields in the table are obligatory.

**Is the Body also a Notified Laboratory (System 3) for the tests required by the above standards?**

YES  NO

If YES:

* indicate the accreditation number: \_\_\_\_\_\_
* enter below a list of the tests:

|  |
| --- |
|  |
|  |

**If applicable, external laboratories can be used for testing activities according to art. 45 of the CPR Regulation:**

YES  NO

If YES, report in the list of laboratories below, indicating any accreditations and which tests are intended for subcontracting.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the laboratory** | **Address of the site** | **Subcontracted tests** | **Accreditation of the test** |
|  |  |  | YES  NO |
|  |  |  | YES  NO |
|  |  |  | YES  NO |
|  |  |  | YES  NO |
|  |  |  | YES  NO |

**If applicable, external laboratories can be used for testing activities according to art. 46 of the CPR Regulation:**

YES  NO

If YES, report in the list of laboratories below, indicating any accreditations and which tests are intended for external labs

| **Name of the laboratory** | **Address of the site** | **Tests** | **Accreditation of the test** |
| --- | --- | --- | --- |
|  |  |  | YES  NO |
|  |  |  | YES  NO |
|  |  |  | YES  NO |

Attach the procedure that defines the criteria and modalities of qualification and recognition of external laboratories, including contractual relationships (agreement, specific contract). If subcontracted tests have not already been carried out, attach the draft of any contractual document.

Attachment N°: ........... (obligatory if applicable)

# PERSONNEL OF THE BODY

## 3.1. TOTAL NUMBER OF EXTERNAL COLLABORATORS USED FOR ASSESSMENT ACTIVITIES

* Assessors: ……………………………………
* Experts: ………………………………………
* Other: …………………………………………

## 3.2. organization chart

An updated organization chart (and/or related documents) must be attached which makes it possible to clearly identify the organization of the applicant body in terms of hierarchical relationships (authorities), responsibilities, functions and tasks, starting from the management bodies and down through the entire structure.

The organization chart shall clearly show the relationships between the personnel responsible for the assessment activities, the Body’s management and the Body (or persons) responsible for the decisions regarding the issuance of attestations of conformity or similar, as well as the Body responsible for verifying the safeguarding of impartiality.

This documentation must also contain the names and qualifications of the persons involved in the evaluation and verification processes of the safeguarding of impartiality and, if/where applicable, the bodies they represent (when external to the applicant Body).

Attachment N°: ........... (obligatory)

# ASSESSMENT ACTIVITIES AND DECISION ON CERTIFICATION

### The staff (single person or collective body) responsible for the final decisions on the issuance of the documents attesting conformity and related CVs.

|  |  |
| --- | --- |
| Single person | Collective body |
| Attachment N°: ........... (obligatory) | |

### 4.1.2. The composition of the impartiality safeguard mechanism (Impartiality Committee or other entity) representative of the interested parties must be described, specifying, for each member, the party represented and any technical competences/experience.

Attachment N°: ........... (obligatory)

# DOCUMENTS TO ATTACH TO THE APPLICATION

The required attachments also take into account the provisions of Annex D of Legislative Decree n. 106 of 16 June 2017.

| **Documents** | **ref. Attachment n.** |
| --- | --- |
| List of attachments |  |
| Legally active Chamber of Commerce profile (6 months). |  |
| Statute in force, and any contractual relationships with associated and/or controlled entities (e.g., franchising contracts). |  |
| Latest available financial statements, including shareholders' report, independent review and additional note where applicable (or equivalent documents). |  |
| Quality Manual, with reference to regulations, procedures, operative instructions and checklists used in the assessment and verification of the consistency of performance (in particular in the assessments and in the testing or determination of the type of product). This documentation must be accompanied by a corresponding table with the applicable requirements referred to in Regulation (EU) 305/2011, indicating, if necessary, the related articles. |  |
| Valid contract/professional civil liability insurance policy that expressly covers the risks arising from any errors related to the activity subject to the application/extension of the accreditation with a coverage limit of not less than 3,500,000 Euros. |  |
| General Regulations for the management of assessment activities for which accreditation is required (e.g. regulations for the certification of products, etc.); it should be noted that, since these documents have to regulate the contractual relationships between the applicant for certification and the Body, they must be exhaustive of the rights and duties assumed by the parties, of the procedures defined by the Body for the management of the certification process and for the management of any reports, complaints, appeals and changes to the applicable "rules". |  |
| List of names of technical and management staff with indication of the type of employment relationship and related functions. The minimum workforce must consist of at least:  1) a technical director (who must operate exclusively for the Body for the CPR area), in possession of a master's degree, or five-year degree, in engineering or in technical-scientific disciplines or equivalent, with specific professional competences and post-graduate experience in the specific sector of construction materials of at least five years;  2) two graduates, one of which in engineering or technical-scientific disciplines or equivalent;  3) six employees, of which at least two with a technical-scientific profile; of the graduate staff, at least 2 persons with a dependent contract with a duration at least equal to the period of validity of the ministerial authorization. |  |
| Controlled list of assessors and experts and related CVs, including certificates or other qualification attestations from which the competences relating to this DA emerge; in the absence of certifications/attestations relating to education and training, the CVs must report, in addition to the date of the update, the signature and consent to data processing (EU Reg. 679/16), the declaration of truthfulness, according to Presidential Decree 445/2000 and subsequent amendments. |  |
| List of procedures, operating instructions, forms, flow charts, diagrams and other documents applicable to the activities of the Body within the scope of the application presented. |  |
| Qualification procedure of auditors/assessors/experts or equivalent documents, including the forms/documents/evidence used for their qualification. |  |
| Procedure or equivalent operative document of the decision-taking Body where provided for (e.g, Technical Deliberation Committee, single person, etc.). |  |
| Procedure or equivalent operative document of the impartiality safeguard mechanism (e.g., Committee for Impartiality). |  |
| Sample copy of the models used for the contractual definition between CAB and clients (e.g., information questionnaire, sample quotation, sample contract, etc.). |  |
| Support documents for audit teams (e.g., checklists, guidelines, instructions, modules, etc.). |  |
| Sample copy of the certificates of conformity issued by the Body and related attachments, if relevant (e.g., certificate of consistency of performance, certificate of conformity of factory production control, test/calculation reports, etc.). |  |
| Documentation attesting that the Body has been operating for at least two years in the field of assessments and audits on construction products, also accrued on a voluntary basis, including any lists of holders of certifications issued, limited to the audit activities for which accreditation is required. |  |

| **Documents for the application for extension** | **ref. Attachment n.** |
| --- | --- |
| Attach all the documents required for the application for first accreditation, if revised for the activities requested in extension.  For documentation for which no revision is sent, produce a declaration of permanence of the validity of the one sent for first accreditation/renewal. |  |

| **Documents for the application for variation of extension** | **ref. Attachment n.** |
| --- | --- |
| For each harmonized standard subject to revision, a specific analysis of the modifications made, also by means of direct comparison between the texts. |  |
| Evidence of each action taken by the body to update the assessment procedures to the modifications introduced by the revised standards (procedural, documental and/or modules, staff training, etc.). |  |

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| Date: \_\_ /\_\_ /\_\_\_\_ |

|  |  |
| --- | --- |
|  | **Stamp of the CAB**  **Name and signature of the Legal Representative** |

# B. PART RESERVED FOR TESTING LABORATORIES THAT REQUEST ACCREDITATION ACCORDING TO EVALUATION SYSTEM 3

|  |  |
| --- | --- |
| Full name and acronym of the laboratory | …………………………………………………………………………… |

|  |  |
| --- | --- |
| Address of operative site[[1]](#footnote-1) | …………………………………………………………………………… |

|  |
| --- |
| Accredited laboratory: YES  accreditation n. …………………………..NO |

This application is presented for the purpose of:

first notification

renewal of notification due to expire on \_\_\_\_\_\_

extension of notification

further notification

update of notification

maintenance of notification (*for 18 months from the notification without accreditation)*

# ORGANIZATION

## 6.1. Full name and qualification title([[2]](#footnote-2)) of the Technical Director for whom accreditation is requested and any substitute/s([[3]](#footnote-3))

|  |
| --- |
|  |

## 6.2. Full name and qualification title(2) of the laboratory manager of CPR notified activities and any substitute/s(3)

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|  |

## 6.3. Full name and qualification title (2) of the laboratory’s management system personnel and any substitute/s(3)

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| --- |
|  |

## 6.4. Full name and qualification title(2) of personnel who authorize test reports(3)

|  |
| --- |
|  |

# OTHER INFORMATION

## 7.1. The Testing Laboratory requesting accreditation/extension already performs the tests required in the regulated area as a Notified Laboratory in the voluntary area

YES  NO

|  |
| --- |
| If YES, report a summary of the products subject to the tests carried out in the voluntary area. |

## 7.2. Provide, if relevant/applicable, information about the inclusion of the Laboratory within its parent/group organization, including interdependence relationships with other structures (e.g., specify whether the Laboratory shares staff, equipment, premises with other structures, if the lab uses materials/services provided by other departments, if the persons indicated in §6 are assigned additional responsibilities, etc.).

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## 7.3. For the purpose of conduct of the assessment activities, indicate whether the personnel involved in the activities related to accreditation, and the related records, are available at the Laboratory’s head office or, if not, indicate which activities and which records are located elsewhere.

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## 7.4. Did the Laboratory use the services of a consultant for the implementation (maintenance) of the QMS in accordance with the reference standard?

YES  NO

If YES, indicate the name and any company to which s/he belongs:

|  |
| --- |
|  |

# USE OF INSTRUMENTS AND/OR TESTING FACILITIES EXTERNAL TO THE LABORATORY (Art. 46 OF REGULATION (EU) n. 305/2011)

Does the laboratory use external instrumentation and/or testing facilities?

YES  NO

If YES:

* complete the appropriate boxes in DA-13 Attachment 1 (list and testing activities involved)
* attach explanatory documentation regarding the technical, economic or logistical motivations

# USE OF SUBCONTRACTED LABORATORIES (art. 45 OF REGULATION (EU) n. 305/2011)

Does the laboratory subcontract testing activities?

YES  NO

If YES:

* complete the appropriate boxes in DA-13 Attachment 1 (list and testing activities involved)
* attach explanatory documentation regarding the technical, economic or logistical motivations

# DOCUMENTS TO ATTACH TO THE APPLICATION

The required attachments also take into account the provisions of Annex D of Legislative Decree n. 106 of 16 June 2017.

| **Documents for the application for first accreditation/renewal** | **ref. Attachment n.** |
| --- | --- |
| List of attachments. |  |
| Legally active Chamber of Commerce profile (6 months). |  |
| Statute in force, and any contractual relationships with associated and/or controlled entities (e.g., franchising contracts). |  |
| Quality Manual/self-assessment of the laboratory MD-09-34 in pdf format (in a single file) and/or other documentation describing how the specific requirements of the Notified Body have been taken on board and managed. This documentation must be accompanied by a correspondence table with the applicable requirements referred to in Regulation (EU) n. 305/2011. |  |
| Valid contract/professional civil liability insurance policy that expressly covers the risks arising from any errors related to the activity subject to the application/extension of the accreditation with a coverage limit of not less than 3,500,000 Euros. |  |
| ACCREDIA document DA-13 Attachment 1 - list of tests to be accredited and related information *(both in signed pdf format and in excel format).* |  |
| List of names of the lab’s staff which must include at least the main roles, taking into consideration that it must consist of, at a minimum:  1) a technical director (who must operate exclusively for the lab for the CPR area), in possession of a master's degree, or five-year degree, in engineering or in technical-scientific disciplines or equivalent, with specific professional competences and post-graduate experience in the specific sector of construction materials of at least five years;  2) two graduates, one of whom in engineering or technical-scientific disciplines or equivalent;  3) six employees, of whom at least two with a technical-scientific profile; of the graduate staff, at least 2 persons with a dependent contract with a duration at least equal to the period of validity of the ministerial authorization. |  |
| CV (dated, signed and showing the authorization to process the data) and contractual documents of the persons indicated in Point 6 of this document. |  |
| List of the names of the technical and managerial staff, indicating whether they are dependent employees or external and the qualifications assigned with respect to the harmonized technical specifications, accompanied by CV and any relevant documentation supporting the qualification (e.g., technicians authorized to carry out the tests and signature of the respective procedure head officer). |  |
| Documentation attesting that the laboratory has been performing evaluations and verifications on construction products for at least two years, also in the voluntary area. |  |
| Any agreements with foreign branches. |  |
| Laboratory documentation describing the general criteria adopted for the evaluation and expression of the measurement uncertainty relating to accredited tests.  *NOTE: this documentation must be updated and sent to ACCREDIA in the case of extensions to new test sectors, which involve a different approach to measurement uncertainty than that initially envisaged.* |  |
| Procedure that defines the criteria and methods of qualification and recognition of external laboratories (subcontracting, article 45 CPR), including contractual relationships (agreement, specific contract). If subcontracted tests have not already been performed, attach the draft of any contractual document. |  |
| Procedure that defines the criteria and modalities for managing tests with the use of facilities external to the Notified Body's testing laboratory (ref. article 46 CPR). |  |
| For first accreditation only: Report of the last management review, containing all the information required by ISO/IEC 17025, including the results of a complete cycle of internal audits. |  |
| Results of the interlaboratory circuits (see RT-24) relating to the tests under accreditation (where applicable) or evidence of participation in at least one circuit for one of the accreditation tests.  Specify and provide motivations for any inapplicabilities. |  |

| **Documents for the application for extension** | **ref. Attachment n.** |
| --- | --- |
| Attach all the documents required for the application for first accreditation, if revised for the required tests in extension.  For documentation for which no revision is sent, produce a declaration of permanence from the validity of the one sent for first accreditation/renewal. |  |

| **Documents for the application for variation of accreditation** | **ref. Attachment n.** |
| --- | --- |
| For each harmonized standard subject to revision, a specific analysis of the modifications, also through direct comparison between the texts |  |
| Evidence of each action taken by the body to update the assessment procedures to the modifications introduced by the revised standards (procedural, documental, modules, staff training, etc.). |  |

|  |
| --- |
| Date: \_\_ /\_\_ /\_\_\_\_ |

|  |  |
| --- | --- |
|  | **Stamp of the laboratory**  **Name and signature of the legal representative** |

1. Complete a DA-13 form for each laboratory operating site where tests are performed, including temporary site. [↑](#footnote-ref-1)
2. Title means the abbreviation used in ordinary correspondence which the person wants placed before his/her name (e.g. doctor, prof, Ms, Mr etc.). [↑](#footnote-ref-2)
3. The CV of specified people signed and dated must be attached to present form. [↑](#footnote-ref-3)