

Accreditation laboratory commitment

Place

Date.....Month.....Year.....

Name Mr. Mrs. Miss. Top management Authorized

Age yrs. Nationality ID. Number/Passport Expiry date

Address

Province Post code Tel. Fax.

On behalf of

Address

Province Post code Tel. Fax.

I declare that I will

1. keep on performing testing to the ISO/IEC 17025 ISO 15189 ISO 22870 ISO 15190 ISO G.34 and Bureau of Laboratory Quality Standards (BLQS) requirements at all time. The laboratory may be assessed with or without informed.
2. pay such fees as shall be determined by the Bureau of Laboratory Quality Standards.
3. show the laboratory accredited symbol or the statement specify testing on the test report.
4. not misuse the laboratory accredited symbol or create the misunderstanding of the accreditation.
5. not show the laboratory accredited symbol on their test report or claim the accreditation status if the accreditation is suspended or withdrawn.
6. make confidence that only the competence of this laboratory is accredited but BLQS dose not approve quality of the test result or quality of product.
7. inform the BLQS within 15 days if significantly change in the quality system as following:
 - 7.1 Legal status or organization status.
 - 7.2 Top management and organization structure.
 - 7.3 Policy and other instruction related to quality management system.
 - 7.4 Personnel, equipment, surrounding that affect directly to the result of testing.
 - 7.5 Testing report approval signatory.
 - 7.6 Use of laboratory accredited symbol.
 - 7.7 Any change that affect to laboratory accreditation.
8. archive all quality documents, technical and quality records at least 3 years for traceable.

9. Using of the laboratory accredited symbol

on the test report others, please specify

.....
.....

I don't need to use the laboratory accreditation symbol in any places.

Signature