



Please download the form to your computer before filling out and submitting.

INTEGRATED ACCREDITATION POLICY - ELIGIBILITY QUESTIONNAIRE

1. Organization's Name:

2. The main facility and its associated sites must be under the umbrella of a single management system.

Yes No

3. A Main facility shall be identified as the 'Main' location that has oversight over the associated sites. The IAS listing for this Main facility (e.g., TL-YYY, CL-YYY, AA-YYY), shall be used as the organization's integrated Accreditation Certificate.

Please identify the Main Location

Name of Conformity Assessment Body (CAB):

TL/CL/AA number:

Location:

4. Each facility must be under the direct supervision of the main facility and this relationship must be documented by the CAB, e.g., within the management system manual, or other types of internal documents such as organizational charts, etc.

Please submit any evidence that indicates such a relationship.

If any other document is submitted, please specify:

5. Each associated facility shall be listed on the Main facility's certificate and scope of accreditation.

Please list the associated sites (to be considered under this policy).

Name of CAB:	TL/CL/AA number:	Location:
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Note: If more information needs to be submitted, please send it in an email to iasinfo@iasonline.org



6. Tick the boxes with the items that are centrally managed by the Main facility across all other associated facilities:

- a. Internal Audits
- b. Management Reviews
- c. Complaints Handling
- d. Corrective Actions arising from internal improvement processes
- e. Basic Operational Processes/Procedures (e.g., Calibration/Maintenance of equipment, Training of Personnel, Risk Assessments, Document Control, Record Control)
- f. Other operations as deemed appropriate (please specify)

7. Appoint a contact person(s) to be responsible for the integrated accreditation for these following activities, but not limited to:

- a. Implementation of the Management system across all facilities.
- b. Coordination of the assessments.
- c. Scope expansion requests.
- d. Communication with each facility.
- e. Financial issues related to accreditation activities.
- f. Maintenance of relevant records to ensure the system is consistent with the Main facility's management processes.

Write down the full name and contact details of this person(s).

First and Last Name:

Job Title:

Email:

Telephone Number:

Country:

8. Each facility shall provide IAS with a Technical Representative Contact.

Write down the full name and contact details of the Technical Contact for each location

Facility	Technical Representative Contact
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Signature

Date

IAS review result

Name of Reviewer

Date