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INTEGRATED ACCREDITATION POLICY - ELIGIBILITY QUESTIONNAIRE

1. Name of Organization:

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 CAB:

TL/CL/AA number:

Location:

4. Each site 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 site 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:



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

- a. Internal Audits
- b. Management Reviews
- c. Complaints Handling
- d. Corrective Actions arising 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 locations/sites.
- b) coordination of the assessments.
- c) scope expansion requests.
- d) communication with each location/site.
- 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 site at all locations shall provide IAS with a representative Technical Contact.

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

Location/Site

Technical Contact

Signature

Date

IAS review result

Name of Reviewer

Date