**Part 1. Declaration by NMI/DI**

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| **NMI/DI:** |  |
| **Metrology area\*Branch(es)Service(s)Sub-service(s)**(Consistent with classifications in KCDB) | (Please specify area, branches and services to which the information reported below applies) |
| **Number of new CMCs** |  |
| **Number of modified\*\* CMCs** |  |
| **CMCs are covered by** | **Accreditation** [ ]   **Self-declaration** [ ]  |

\* The questionnaire shall be filled out for the full batch of CMC entries submitted for review. Multiple entries shall be described in “Branch(es)”, “Service(s)” and “Sub-Service(s)” respectively. Entries in each row shall be separated by comma.

\*\* Modified CMCs refer to existing CMCs whose ranges are being extended and/or uncertainties being reduced.

**All new and modified CMCs are covered by the following technical procedures/instructions**

|  |  |  |
| --- | --- | --- |
| **Code\*\*\*** | **Title** | **Date of latest issue/revision** |
|  |  |  |
|  |  |  |
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\*\*\* Code of the technical procedure/instruction as it is identified in the quality management system of the NMI/DI.

**Declaration: All CMCs submitted for the review are covered by the Quality Management System fulfilling the requirements of ISO/IEC 17025 and ISO 17034 if applicable.**

**Issued by (person in charge):** ....................................... **Date:** ........................................

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**Part 2. Confirmation by TC-Q**

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| **Quality management system** |
| **Status of implementation of QMS ?** | (ISO/IEC 17025 and/or ISO 17034 fully implemented?) |
| **Engagement in TC-Quality** | (Participation in meetings and other activities) |
| **QM system reviewed by TC-Quality ?** | (Meeting when the QMS was presented, status of review) |

**TC-Q Chair:** ....................................... **Date:** ........................................