**Annex to the application for accreditation of** from

**Case number:** **K-     -**

*Remarks: - please do not modify the formatting of the following tables
- tables not needed can be deleted*

| Permanent Laboratory |
| --- |
| Measured quantity / Calibration item | Range | Measurement conditions / Procedure 1) | Best measurement capability 2) | Remarks |
|  |  | to |  |  |  |  |
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|  |  | to |  |  |  |  |

| On-site calibration |
| --- |
| Measured quantity / Calibration item | Range | Measurement conditions / Procedure 1) | Best measurement capability 2) | Remarks |
|  |  | to |  |  |  |  |
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| Mobile Laboratory |
| --- |
| Measured quantity / Calibration item | Range | Measurement conditions / Procedure 1) | Best measurement capability 2) | Remarks |
|  |  | to |  |  |  |  |
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