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