

APPLICATION FORM AND QUESTIONNAIRE FOR THE JAMAICA NATIONAL AGENCY FOR ACCREDITATION PRE-ACCREDITATION APPROVAL PROGRAM Part A - Application

| | |
|---|--|
| 1. Name of Applicant: <i>(legal entity or parent organization name)</i> | FOR OFFICIAL USE ONLY Client Reference Number: _____ |
| 2. Applicant's Address: | 3. Contact Information: Tel. No.: _____ Fax No.: _____ Website: _____ |
| 4. Name of Entity: <i>(if different from 1)</i> | 5. Address/Location of Entity: <i>(if different from 2)</i> |
| 6. Name & Email Address of Person in Charge of Entity: | 7. Name & Email Address of Contact Person: |
| 8. Name & Email Address of Deputy in Charge <i>(if applicable)</i> | 9. Name & Email Address of Contact Person for Financial Matters: |
| Name & Email Address of Person Responsible for specified test: <i>(if there is more than one such person, please add relevant contact information as appendices)</i> | |

We hereby apply for pre-accreditation approval for the COVID-19 PCR Test or Antigen Test detailed in the attached documents.
On the granting of pre- accreditation, we agree:

- I. to abide by the relevant requirements
- II. to abide by the requirements of JANAAC's pre-accreditation programme;
- III. to pay the required annual pre- accreditation fees;
- IV. that pre -accreditation may be withdrawn, or suspended if we fail to comply with the foregoing, subject only to the rights of appeal set out in the relevant standard.

| | | |
|----------------------------------|----------|------|
| 10. Name of Authorized Personnel | Position | Date |
|----------------------------------|----------|------|

| | |
|---------------------------------------|---------------|
| 11. Signature of Authorized Personnel | Company Seal: |
|---------------------------------------|---------------|

Except for information that the applicant makes publicly available, or when agreed in writing between JANAAC and the applicant, all other information obtained during the pre-accreditation process will be considered proprietary and shall be regarded as confidential. If JANAAC is required by law or authorized by contractual arrangements to release confidential information, the applicant will, unless prohibited by law, be notified of the information to be provided.

If, at any point during the application or initial assessment process there is evidence of fraudulent behaviour, or if the CAB intentionally provides false information or conceals information, JANAAC shall reject the application or terminate the assessment process.

APPLICATION FORM AND QUESTIONNAIRE FOR THE PRE-ACCREDITATION OF CABs Part B - Questionnaire

Section A

I. General Instructions

1. Applicants should review the relevant requirements (JANAAC PAAP Minimum requirements PAAP/DOC/01) that pertain to their facilities and the pre-accreditation being sought and ensure that these are understood and fulfilled to the best of the applicant's ability, before submitting the completed Application Form and Questionnaire for the Pre- Accreditation of CABs.
2. Responses to each question and attached listings must be clear and concise.
3. Material deemed to provide necessary additional information e.g. promotional material, annual reports, etc. can be submitted, but must be clearly titled as appendices and referenced to specific questions on your application form and questionnaire.
4. Any question or item on the application form or questionnaire that is deemed to be "not applicable" to the applicant's facility should be indicated as such.

II. Required Documentation

Please attach the following:

1. Copy of the layout for the area of operation indicating equipment placement, for all locations where activities related to the requested scope of pre-accreditation is performed.
2. Copy of licence to operate;
3. Authorized copy of Technical/Operational documentation (*including job descriptions and qualifications for all relevant persons with signing authority in the entity*) i.e.:
 - a) *Technical Operational requirements procedures*
 - b) *Safety requirements*
4. Copies of certificates (professional/academic) of the head and deputy head of the entity, as well as any other person(s) with signing authority where relevant.

Section B

Questions

Answer all questions in the space provided. Please ensure that the cover page is signed by the organization leader, stamped or sealed, and dated, where attachments are necessary.

Description of Activities

- A. Main Location** (The *principal location where all or most key activities are performed*).
Other **Please specify** _____

B. The Entity

- 1.0** Is the facility a legal entity? If yes, define the legal status:
- 2.0** Is the entity a part of an organization that performs activities other than testing activities?
 Yes No
- 3.0** If yes, state the names and position of the key personnel (administrative and technical staff) of the organization that have responsibility, involvement or influence in testing activities :

| NAME OF STAFF | JOB TITLE | MAJOR RESPONSIBILITIES |
|---------------|-----------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

4.0 State the test for which pre-accreditation is being sought.

| SPECIMEN | TEST(S) | METHOD(S) | EQUIPMENT <i>(where appropriate)</i> | INTERPRETATION CRITERIA <i>(quantitative or qualitative)</i> |
|----------|---------|-----------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5.0 What is the major source of income for the entity? *(i.e. service fees, corporate funding, government grants, other - please specify)?*

6.0 Who are the clients for which the entity provides services *(government, private companies, individuals, etc.)?*

Physical Resources – Facilities, Equipment, Materials

7.0 List the major equipment used in the test for which pre-accreditation is being sought as well as the individual responsible for each equipment. Include equipment contracted for use by the entity.

| INVENTORY # | ITEM | MANUFACTURER | MODEL # | CALIBRATION INTERVAL | CALIBRATED BY |
|-------------|------|--------------|---------|----------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

8.0 If your application covers testing activities performed at more than one location (including virtual sites, if applicable), provide details in the table below:

| No. | LOCATION/ADDRESS | ACTIVITIES PERFORMED AT LOCATION | CONTACT DETAILS |
|-----|------------------|----------------------------------|-----------------|
| | | | |
| | | | |
| | | | |

9.0 Describe the entities’ facilities in terms of type of lighting, power and water supplies, monitoring of ambient conditions (e.g. air quality, etc.):

10.0 What are the safety features and related equipment of the entity (e.g. fire protection, alarms, hazardous indications, chemical and other storage areas, eyewash stations, safety showers, etc.)? Please list:

11.0 Describe any special environmental conditions required for the test for which pre-accreditation is being sought. What sections of the entity require these special environmental conditions? Describe these conditions, giving reasons.

12.0 Describe the environmental or other monitoring activities carried out by the entity.

13.0 What are the security arrangements to prevent unauthorized access to the entity's facility(ies)?

NB: In the event that the application documents are unsatisfactorily completed, the client will be informed of this, and is required to adequately address this in no more than five (5) working days after notification. Failure to comply with this delivery date will result in the application being returned for completion and re-submission.

The application will not be registered until the requisite documents are received.

Applicant's representative name: _____

Applicant's representative position: _____

Applicant's representative signature: _____

Date: _____