

Relocation Checklist: to be filled in by the CBTL/SPTL

Name of the CBTL/SPTL:
CURRENT Location: (full address)
NEW Location: (full address)
Relocation timeframe:
Planned completion of relocation (date), see clause 8 in OD-2007:

	YES	NO
Is the new laboratory location under the identical QM-System as at the registered one?	<input type="checkbox"/>	<input type="checkbox"/>
Explain the differences, if any:		
Will the same equipment and methods be used at the new laboratory location as at the registered one?	<input type="checkbox"/>	<input type="checkbox"/>
Explain the differences, if any:		
Will the same test equipment and test instructions be used at the new laboratory location facility as at the registered one?	<input type="checkbox"/>	<input type="checkbox"/>
Explain the differences, if any:		
Will the laboratory staff of the new laboratory location be the same as at the registered laboratory location?	<input type="checkbox"/>	<input type="checkbox"/>
Explain the differences, if any:		
Are the purchased materials and supplier for Critical Consumable Materials of the new laboratory location identical as for the registered laboratory location?	<input type="checkbox"/>	<input type="checkbox"/>
Explain the differences, if any:		

Note: Refer to additional appendixes if necessary.

CBTL/SPTL undertaking re-location:		
We declare to continue to fulfil all requirements from the CB-Scheme also in the new location.		
Date:	Management representative	Signature:
	Name:	

National Certification Body (NCB) undertaking the responsibility for the CBTL/SPTL:

(name, address etc.)

Date:

Management
representative

Name:

Signature: