

APPLICATION, SELF DECLARATION & VERIFICATION FORM

IKM LABORATORY EXCELLENCE AWARD _____

Hon. Secretary
Institut Kimia Malaysia
127B Jalan Aminuddin Baki
Taman Tun Dr Ismail
60000 Kuala Lumpur

We wish to apply for the IKM Laboratory Excellence Award and wish to provide the following particulars.

1. Areas of testing sought:

2. Registered Name of Laboratory:

Tel: _____ Fax: _____ Email: _____

Contact Person: _____ Designation: _____

Organisation chart of Laboratory (Appendix) _____

3. Location of Laboratory (full address):

3.1 Approx. laboratory floor area: _____sq. meters.

Declaration by Laboratory

Verification by Assessor

4. Laboratory Accreditation/Certification

4.1. Has the laboratory been accredited / certified?

Yes/No

If yes, list names of accreditation/certification schemes

4.2. Description of Main Areas of Testing carried out by Laboratory:

5. Sample & Reference Management

5.1. Average number of samples analysed per month

5.2. Sample Handling:-

Test items properly checked and handled (labeling/traceability /integrity/preservation/disposal)

(Yes/No)

5.3. Are the reference materials properly stored? (Yes/No)

6. Data Management and Reports

6.1. Authorised signatories for reports:

(i) _____

(ii) _____

6.2. Records of samples (source, date), analysis, calculations properly kept (Yes/No)

6.3. Reports verified to tally with records. (Yes/No)

Declaration by Laboratory

Verification by Assessor

7. Test Methods

7.1. List of test methods used by Laboratory:

7.2. Are test methods properly documented? (Yes/No)

7.3. Test methods are adequately validated / verified.
(Yes/No)

8. Quality Assurance

8.1. Proficiency Testing (PT) / Cross-checks/ internal quality assurance programmes.

	Areas	Name of Programmes	Frequency
Internal			
External			

8.2. The laboratory has taken action on outliers
(Yes/No)

Declaration by Laboratory

Verification by Assessor

8.3. The laboratory has a procedure for Measurement Uncertainty (MU) and has estimated MU for some tests.
(Yes/No).

9. Audit and Review

The laboratory management system has been audited/ assessed the past 1 year and corrective actions have been taken (Yes/No).

10. Equipment

10.1 List of Key Instruments in the Laboratory

10.2 Are the instruments properly maintained and calibrated? (Yes/No)

11. Personnel

11.1. List of Chemist (s) and their qualifications, including IKM Registration numbers:-

11.2. List of Courses/Seminars participated in the past one year:

11.3. No of supporting staff and their qualifications:

Declaration by Laboratory

Verification by
Assessor

12. Laboratory Safety

12.1. Safety and Emergency Response

(Please attach copy of laboratory floor plan showing locations of safety equipment and emergency exits)

	No. of Units	Year of Purchase	Method of Maintenance (whenever relevant)	Location
Fume cupboard (face velocity set to manufacturer's specification)	<input type="text"/>	_____	_____	_____
Fire fighting equipment (with valid certificate from BOMBA)	<input type="text"/>	_____	_____	_____
First-aid Kit in (accessible location and adequate)	<input type="text"/>	_____	_____	_____
Safety shower (easily accessible, not in toilet/bathroom)	<input type="text"/>	_____	_____	_____
Eyewash station (easily accessible)	<input type="text"/>	_____	_____	_____
Fire blanket	<input type="text"/>	_____	_____	_____
Spilled chemical response kits for acid, alkali, solvents.	<input type="text"/>	_____	_____	_____
Laboratory coat (long sleeves)	<input type="text"/>	_____	_____	_____
Face respirator (organic, acid)	<input type="text"/>	_____	_____	_____
Glove (resistant to solvents, corrosives)	<input type="text"/>	_____	_____	_____
Protective Footwear (when necessary)	<input type="text"/>	_____	_____	_____
Safety glasses, Lab. Goggles and Face Shields	<input type="text"/>	_____	_____	_____
	Number/Frequency			
Fire Drill	<input type="text"/>			
Fire/Emergency Exits	<input type="text"/>			
Trained First Aid Staff	<input type="text"/>			

Declaration by Laboratory

Verification by
Assessor

12.2. Procedures

	Y/N
Chemical Hazard Communication	<input type="checkbox"/>
Laboratory Safety Rules & Practices	<input type="checkbox"/>
Procedures for Fire / Emergency Drills	<input type="checkbox"/>
CHRA	<input type="checkbox"/>
MSDS	<input type="checkbox"/>
Emergency phone numbers	<input type="checkbox"/>
Laboratory Safety Manual	<input type="checkbox"/>
Accident Record Book	<input type="checkbox"/>
Others (please specify)	

12.3. Housekeeping

a) The laboratory maintains the general cleanliness of:

	Y/N
In the lab	<input type="checkbox"/>
Outside the lab	<input type="checkbox"/>
Instruments	<input type="checkbox"/>
Chemical/solvent/gas store	<input type="checkbox"/>
Floor (not slippery)	<input type="checkbox"/>
Fume Cupboards	<input type="checkbox"/>
Workbench (not cluttered)	<input type="checkbox"/>
Sink/Wash Basin	<input type="checkbox"/>

Declaration by Laboratory

**Verification by
Assessor**

b) The laboratory ensures the following:

Y/N

Tripping hazards absent

Hot surface not exposed

Sharp points/edges absent

Electricity plugs/sockets/
switches in good condition

Gas tubing/Bunsen burner in
good condition

Adequate ventilation

Adequate lighting and visibility

Adequate laboratory space

12.3. Separate facilities for

Y/N

Food and drinks intake of
personnel

Storage of corrosives

Storage of solvents

Storage of hazardous chemicals

Storage of compressed gases

Storage of hazardous wastes

Storage of flammable solvents

SELF-DECLARATION BY LABORATORY:

I hereby declare that to the best of my/our knowledge, the particulars given in this application were correct.

.....
Managing Director/Manager

.....
Registered Chemist in-charge

Date:.....

Note:

- i. Please attach separate sheets if above space is insufficient*

- ii. The application fee of RM1,000 + 0% GST must be submitted together with 2 copies of this application*