

# APAC MEMBER SURVEY FORM

**ACCREDITED FACILITIES (As at 30 June 20XX)**

|  |  |
| --- | --- |
| **APAC Member Name:** |  |
|  |  |
| **Economy:** |  |
|  |  |
| **APAC MRA Scope:** | **No. of Accredited Facilities:** |
| ISO 15189 **Medical** |  |
| ISO/IEC 17020 **Inspection** |  |
| ISO/IEC 17025 **Calibration** |  |
| ISO/IEC 17025 **Testing** |  |
| ISO 17034 **RMP** |  |
| ISO/IEC 17043 **PTP** |  |
| Environmental Management Systems **EMS** |  |
| Energy Management Systems **EnMS** |  |
| Food Safety Management Systems **FSMS** |  |
| Information Security Management Systems **ISMS** |  |
| Medical Device Quality Management Systems **MDQMS**  |  |
| Occupational Health and Safety Management Systems **OHSMS**  |  |
| Quality Management Systems **QMS**  |  |
| **Persons** |  |
| **GlobalGAP** |  |
| **Product (not including GlobalGAP)** |  |
| **Validation/ Verification** |  |

|  |  |  |
| --- | --- | --- |
| Information prepared by:  |  | (Name) |
|  |  |  |
|  |  | Date  |
|  |  |  |

Please note that we need this information so that we can calculate membership fees for 20XX.

For information on how the fees are calculated please see APAC FFIN-001.

Please return your completed form to the APAC secretariat (secretariat@apac-accreditation.org) **by 30 September 20XX**. Thank you.