



AMIS_Documents

Doc: ADOC_043

Originator: Technical Project Specialist

Approver: Managing Director

Revision No: 007

Revision Date:09.06.2022

Issued By: Management Rep

Application-AMIS Proficiency Testing Scheme

Please e-mail to: results@amis.co.za and melesha@amis.co.za

Name of Laboratory to be displayed on Proficiency Testing Report		
Physical Address including Town/City, Province/State, Postal Code, Country		
	Send request to participate, dispatch notice, reminders, and closure of Project	Send Proficiency Testing Reports
Name of contact person		
Email		
Tel No.	N/A	
Cell No.	N/A	
ISO17025 Accreditation (Y/N). Please attach copies of the certificate		
Laboratory Capabilities if not accredited	Commodity: Method: Element/Oxides:	
Signature		
Date		

By signing this document, you agree to AMIS's criteria (ADOC_115) for participation in the AMIS Proficiency Testing Scheme.

AMIS

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