

INSTITUTE OF PUBLIC ANALYSTS OF NIGERIA

(Established by Decree No 100 of 1992 now IPAN ACT CAP.I.16 LFN 2004)

Secretariat: 443, Herbert Macaulay Way, Yaba. P.M.B. 1001, Oshodi, Lagos.

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APPLICATION FORM FOR REGISTRATION OF LABORATORY

*To be completed in block letters or typewritten and returned to the Registrar
i. on or before six (6) months after collection.*

ii. Application form should be returned with the following:

- Two recent passport photograph of Managing Director/Public Analyst
- Supporting documents where required/ necessary.
- Current Laboratory Quality Manual

Affix Passport
Photograph
here.

2 X 2

(All information will be treated as confidential and will be verified)

1. TYPE OF REGISTRATION: NEW ☐

RENEWAL ☐

2. NAME OF LABORATORY:

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3. NAME OF OWNER(S) FOREIGN or NIGERIAN (if foreign, indicates country of origin):

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4. TYPE OF COMPANY (LTD or PLC, etc.):

5. YEAR OF INCORPORATION AND YEAR IN BUSINESS (attach certificate of incorporation):

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6a. LOCATION OF LABORATORY (including postal address, e-mail, telephone,etc):

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6b. LABORATORY PREMISES/LAYOUT TOTAL SPACE AVAILABLE(sq ft; attach layout plan):

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7. AREA(S) OF SPECIALIZATION / OPERATION:
(List the product(s)and the types of test carried out on a separate sheet)

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8. DETAILS OF MANAGEMENT / TECHNICAL STAFF (on separate sheet using the format below):

| S/No | Name | Designation | Academic and professional Qualification | Relevant Trainings | Experience related to present work (in years) |
|------|------|-------------|---|--------------------|---|
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9. NAMES OF PUBLIC ANALYSTS IN THE ORGANISATION including registration numbers (attach their current Practice Licence):

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10.DETAILS OF AVAILABLE EQUIPMENT (on a separate sheet using the format below):

| S/No | Name of equipment | Make/model/ Year of make | Receipt, date and date placed in service | Range and accuracy | Purpose/ Scope of the equipment | Maintenance (in house or outside) | Date of last calibrations | calibration due on: | calibrated by: |
|------|-------------------|-----------------------------|---|-----------------------|---------------------------------------|---|---------------------------------|------------------------|-------------------|
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**Attach evidence of Calibration record(s)*

11.DETAILS OF PARTICIPATION IN PROFICIENCY TESTING PROGRAMME(S)(on a separate sheet using the format below):

| S/No | Product/Material | Details of Test(s) | Laboratory/ (Accreditation body/ Country) | Performance in term of Z score | Corrective action taken |
|------|------------------|-----------------------|---|--------------------------------------|----------------------------|
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**Attach evidence of Proficiency programme(s)*

12 .DETAILS OF CERTIFICATION(S) BY ANY BODY/ORGANISATION:.....

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13. ANY OTHER RELEVANT INFORMATION:.....

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14. DECLARATION: I, Prof/Dr/Mr/Mrs/Miss _____

Do hereby certify that information given above is true to the best of my knowledge and I will abide by the terms and conditions of laboratory registration, rules, regulations and codes of ethics of the Institute.

Name of MD/CEO

Signature & Date

FOR OFFICIAL USE ONLY

15. LABORATORY INSPECTION REPORT (use a separate sheet if necessary): .

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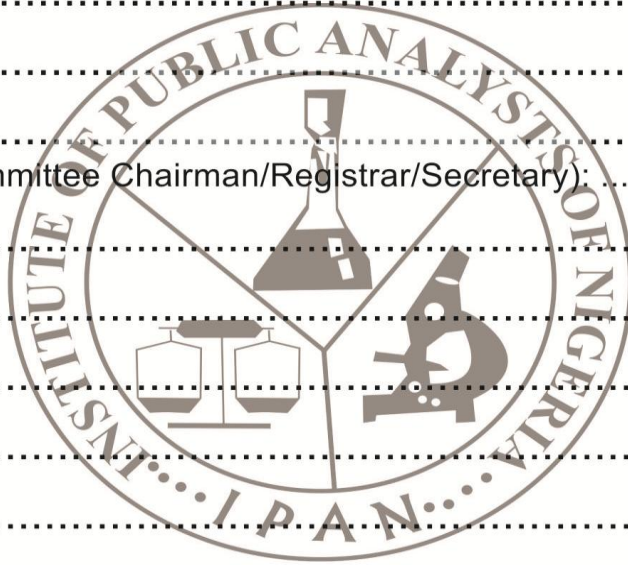
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16. REMARK (Council/Committee Chairman/Registrar/Secretary):



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17. REGISTRATION:

Laboratory Registered

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Laboratory not Registered

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18. APPROVAL:

Council Chairman

Registrar/Secretary