Form 7: Examples of Proficiency Test 4-Year Plan and History/Log

**Part A, 4-Year Plan**

This table is an example 4-Year PT Plan.

At the RMAP, each participating laboratory should ensure its required PTs are included in the RMAP plans to cover its laboratory’s scope to ensure proficiency in each area of calibration (as applicable/practical). Most PT plans are organized and planned to cover proficiency in every area of testing based on the lab’s scope within a 4-year period. Laboratory PT plans should help determine what type of PT to select and the interval needed per area of testing. If a lab finds that they need a PT/ILC that is lacking in participants, the lab shall reach out to NIST for the conduct of a National PT or may conduct a MiniMAP PT (OWM PT SOP 2) with at least two other laboratories using the OWM PT Plan with approval from the NIST Office of Weights and Measures. Coordination of extra MiniMAP PTs can be done outside the annual RMAP training and PT planning process.

Proficiency Testing Plan

Laboratory Name

Laboratory Address

Date Generated:

Plan Developed by:

PT Plan

Summary Schedule for Coverage of Scope:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Measurement Parameter | Year-1 | Year-2 | Year-3 | Year-4 |
|  |  |  |  |
| Echelon III |  |  |  |  |
| 25 kg to 1 mg |  |  |  |  |
| 8 oz to 0.03125 oz |  |  |  |  |
|  |  |  |  |  |
| Echelon II |  |  |  |  |
| 25 kg to 1 mg |  |  |  |  |
| 8 oz to 0.03125 oz |  |  |  |  |
| Volume |  |  |  |  |
| 5 gal |  |  |  |  |
| 100 gal |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Part B, Laboratory History/Log:**

This table is an example that laboratories can use to track PT participation and results. It can also be used to summarize the PT follow up forms. According to ISO/IEC 17025 and NIST Handbook 143, laboratories are required to track the history of PT participation by staff and may already have standardized forms to maintain this information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Year | PT Number | Status | Results | Participant Name |
|  |  |  |  |  |
| Echelon III |  |  |  |  |  |
| 25 kg to 1 mg |  |  |  |  |  |
|  |  |  |  |  |  |
| 8 oz to 0.03125 oz |  |  |  |  |  |
|  |  |  |  |  |  |
| Echelon II |  |  |  |  |  |
| 25 kg to 1 mg |  |  |  |  |  |
|  |  |  |  |  |  |
| 8 oz to 0.03125 oz |  |  |  |  |  |
|  |  |  |  |  |  |
| Volume Tran |  |  |  |  |  |
| 5 gal |  |  |  |  |  |
| 100 gal |  |  |  |  |  |

Summary Schedule for Coverage of Scope:

Note:

Status: Scheduled/Active/Complete/Cancel

Results: Pass/Fail