**NAPPO Table for Comments for Country Consultation**

**NAPPO REGIONAL STANDARD FOR PHYTOSANITARY MEASURES 09 (RSPM 09)**

***Authorization of Laboratories for Performing Phytosanitary Testing***

***AND***

***Appendix 1 of RSPM 09 - Audit Checklist***

* Please use the table below for recording and providing comments.
* Please read the instructions on how to use the table before beginning to comment.
* The table format facilitates compilation of all received comments by the Expert Group, the NAPPO Advisory and Management Committee (AMC) and the NAPPO Secretariat.
* Consult the table of country contacts (on the NAPPO website’s country consultation page) to ensure you know who that person is as well as their email and phone number.

Your name: ----------------------------------------------

Your title: ------------------------------------------------

Your country: -------------------------------------------

|  |  |
| --- | --- |
| *Record your comments in this section* | *Leave these blank* |
| 1. *Document section*
 | 1. *Comment type*
 | 1. *Precise location – page and line number*
 | 1. *Proposed rewording*
 | *5. Explanation* | *6. Accept/reject* | *7. If reject, why?* |
| **RSPM 09 - *Authorization of Laboratories for Performing Phytosanitary Testing*** |
| General comments |  |  |  |  |  |  |
| Scope |  |  |  |  |  |  |
| References |  |  |  |  |  |  |
| Definitions |  |  |  |  |  |  |
| Outline of Requirements |  |  |  |  |  |  |
| General Requirements1. National Plant Protection Organization
 |  |  |  |  |  |  |
| 1.1 Authority |  |  |  |  |  |  |
| 1.2 Responsibility |  |  |  |  |  |  |
| 1.3 Audit |  |  |  |  |  |  |
| 1. Applicant Laboratory
 |  |  |  |  |  |  |
| 2.1 Applications |  |  |  |  |  |  |
| 2.2 Subcontracting |  |  |  |  |  |  |
| 2.3 Quality System |  |  |  |  |  |  |
| 2.4 Personnel |  |  |  |  |  |  |
| 1. Facilities
 |  |  |  |  |  |  |
| 1. Equipment
 |  |  |  |  |  |  |
| 1. Records
 |  |  |  |  |  |  |
| 1. Authorization Agreement
 |  |  |  |  |  |  |
| 1. Voluntary Termination
 |  |  |  |  |  |  |
| 1. Suspension, Reinstatement or Revocation
 |  |  |  |  |  |  |
| ***Appendix 1 of RSPM 09 - Audit Checklist*** |
| General Comments |  |  |  |  |  |  |
| NPPO Reference |  |  |  |  |  |  |
| NPPO |  |  |  |  |  |  |
| NPPO Authority |  |  |  |  |  |  |
| NPPO Responsibility |  |  |  |  |  |  |
| Applicant Laboratory Checklist |  |  |  |  |  |  |
| Applicant Lab. |  |  |  |  |  |  |
| Lab. Applications |  |  |  |  |  |  |
| Lab. Subcontracting |  |  |  |  |  |  |
| Lab. Quality Systems |  |  |  |  |  |  |
| Lab. Personnel |  |  |  |  |  |  |
| Lab. Facilities |  |  |  |  |  |  |
| Lab. Equipment |  |  |  |  |  |  |
| Lab. Records |  |  |  |  |  |  |
| Authorization Agreement |  |  |  |  |  |  |
| Voluntary Termination |  |  |  |  |  |  |
| Suspension, Reinstatement or Revocation |  |  |  |  |  |  |
| Suspension, Reinstatement or Revocation |  |  |  |  |  |  |