

achieving excellence together



SAMPLING AND SAMPLE PREPARATION FOR MANAGEMENT

COURSE CONTENT

- 1. REQUIREMENTS OF ISO/IEC 17025:2017
- 2. SAMPLING METHOD
 - **a.** the selection of samples or sites
 - **b.** the sampling plan
 - c. the preparation and treatment of sample(s) from a substance, material, or product to yield the required item for subsequent testing or calibration

3. SAMPLING RECORDS

- **a.** reference to the sampling method used;
- **b.** date and time of sampling;
- c. c) data to identify and describe the sample (e.g. number, amount, name);
- **d.** d) identification of the personnel performing sampling;
- e. e) identification of the equipment used;
- **f.** f) environmental or transport conditions;
- **g.** g) diagrams or other equivalent means to identify the sampling location, when appropriate;
- **h.** h) deviations, additions to or exclusions from the sampling method and sampling plan.
- 4. ENSURING THE VALIDITY OF RESULTS.
- 5. REPORTING OF RESULTS.
- 6. IMPARTIALITY AND CONFIDENTIALITY.
- 7. NON-CONFORMING WORK.
- 8. RISK IDENTIFICATION.
- 9. REVIEW OF REQUESTS, TENDERS AND CONTRACTS.
- 10. VALIDATION OF METHODS.

Tel: +27 74 218 6757 Email: admin@libertypro.co.za Website: www.libertypro.co.za

BOOKING & REGISTRATION SAMPLING AND SAMPLE PREPARATION FOR MANAGEMENT

(2 Days)

COMPLETE THE FORM TO RESERVE YOUR PLACE AND EMAIL IT TO admin@libertypro.co.za or call +27 74 218 6757

	Fee per delegate each excl Vat
ONLINE	R5999
PUBLIC	
IN-HOUSE	From 7+ delegates
DELEGATE DETAILS	
DELEGATE NAME:	DELEGATE NAME:
DESIGNATION:	DESIGNATION:
EMAIL:	EMAIL:
DELEGATE NAME:	DELEGATE NAME:
DESIGNATION:	DESIGNATION:
EMAIL:	EMAIL:
COMPANY DETAILS	
COMPANY NAME:	
PHYSICAL ADDRESS:	
BUSINESS POSTAL ADDRESS:	
POSTAL CODE:	
TEL NUMBER:	
PAYMENTS	AUTHORISATION
Please email a copy of the bank transfer or deposit slip payments	Signatory must be authorized to sign on behalf of contracting organization.
Account Details:	NAME:
BANK: STANDARD BANK ACCOUNT NAME: LIBERTY PRO	POSITION:
ACCOUNT NUMBER: 10193466919 BRANCH: JOHANNESBURG	SIGNATURE:
BRANCH CODE: 051001 SWIFT CODE: SBZA ZA JJ	EMAIL:

TERMS AND CONDITIONS

CANCELLATIONS: By completing this registration form, the client hereby agrees that LIBERTY PRO PTY will not be able to mitigate its losses for any less than 50% of the total contract value. Cancellations must be received in writing three weeks prior to the event. Only cancellation made in writing and addressed for the attention of the Chief Financial Officer will be recognized by LIBERTY PRO. Cash alternatives will not be offered although delegate substitutions are welcome any time. Thereafter, the full workshop fee is payable. If for any reason LIBERTY PRO decides to amend this workshop, we are not responsible for cancel the event, LIBERTY PRO reserves the right to transfer this booking to another workshop to be held in the following six months, or to provide a credit of an equivalent amount to another workshop in the same sector within the following six months.

INDEMNITY: should for any reason outside the control of LIBERTY PRO the venue or speakers change, or the event be canceled due to act of any terrorism, extreme weather conditions, industrial action LIBERTY PRO shall endeavor to reschedule but the client hereby indemnifies and holds LIBERTY PRO harmless from any costs, damages, and expenses including attorney fees, which are incurred by the client. The construction validity and performance of this Agreement shall be governed in all respects by the laws of Republic of South Africa to the exclusive jurisdiction of whose courts the parties hereby agree to submit.