

STATUS REPORT ON CCRI OR RMO COMPARISON

1. CCRI Section:	2. CCRI Ref No <small>(to be completed by the BIPM):</small>																																																																											
3. Type of comparison: CCRI <input type="checkbox"/> RMO <input type="checkbox"/> Key <input type="checkbox"/> Supplementary <input type="checkbox"/> Pilot study <input type="checkbox"/>	4. Subject area:																																																																											
5. Participating institutes (<i>and countries</i>): Bilateral <input type="checkbox"/>																																																																												
6. Pilot laboratory:																																																																												
7. Measurand / unit (nominal value(s)):																																																																												
8. Description:																																																																												
9. Progress: <i>(Please note date and tick appropriate box to indicate current status)</i>																																																																												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Date</th> <th style="text-align: left;">Status</th> <th style="text-align: center;">Pilot</th> <th style="text-align: center;">Supplementary</th> <th style="text-align: center;">Key</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Proposed to CCRI</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Accepted and registered</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Protocol submitted to CCRI</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Protocol agreed</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Measurements in progress</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Measurements completed</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Report agreed</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: 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type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Approved for Equivalence</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Progression to Key Comparison</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td>Abandoned</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	Date	Status	Pilot	Supplementary	Key	<input type="checkbox"/>	Proposed to CCRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accepted 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approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved for Equivalence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Progression to Key Comparison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Comments:</p> <p style="text-align: right;">Publication reference:</p>
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10. Measurement start date:	11. Expected measurement completion date:																																																																											
12. Contact person's name: Address:																																																																												
Telephone: e-mail :	Fax: Web address:																																																																											
13. Contact Person's signature:	14. Date:																																																																											

Completed copy to be forwarded to a) CCRI Executive Secretary, b) Regional coordinator and c) relevant Key Comparison WG Chairman