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|  | | | | | | **ŽÁDOST  o účast v programu MPZ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MPZ 300-24** | | | | | | **MĚŘENÍ ÚHLŮ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPECIFIKACE MPZ:** | | | | | | | Organizace a vyhodnocení předmětného mezilaboratorního porovnání v souladu s normou ČSN EN ISO/IEC 17043. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **A** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MĚŘIDLO:** | | | | | Strojní libela | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TYP:** | | | | | podélná | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VÝROBCE:** | | | | | KINEX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ROZSAH:** | | | | | 250 mm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MĚŘICÍ BODY:** | | | | | Citlivost 1., 2., 3. a 4. dílku na levé a pravé straně stupnice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CMC:** | | | | | 0,05“ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **B** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MĚŘIDLO:** | | | | | Úhloměr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TYP:** | | | | | mechanický | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VÝROBCE:** | | | | | INSIZE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ROZSAH:** | | | | | (0 – 360)° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MĚŘICÍ BODY:** | | | | | Kvadrant 1: | | | | | | | | | | | | | | | | | | | **15°10´; 45°30´; 75°50´** | | | | | | | | | | |
|  | | | | | Kvadrant 2: | | | | | | | | | | | | | | | | | | | **80°** | | | | | | | | | | |
|  | | | | | Kvadrant 3: | | | | | | | | | | | | | | | | | | | **65°** | | | | | | | | | | |
|  | | | | | Kvadrant 4: | | | | | | | | | | | | | | | | | | | **30°; 60°; 90°** | | | | | | | | | | |
| **CMC:** | | | | | 1´ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **C** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MĚŘIDLO:** | | | | | Digitální sklonoměr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TYP:** | | | | | DS-2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VÝROBCE:** | | | | | LEVEL BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ROZSAH:** | | | | | ± 180° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MĚŘICÍ BODY:** | | | | | **-175°** | | | | | | **-140°** | | | | | **-120°** | | | | **-90°30´** | | | | **-45°** | | | | | **-15°** | | | **-5°** | | **0°** |
|  | | | | | **+5°** | | | | | | **+15°** | | | | | **+45°** | | | | **+90°30´** | | | | **+120°** | | | | | **+140°** | | | **+175°** | |  |
|  | | | | | všechny hodnoty jsou vztaženy k hodnotě 0° sklonoměru | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CMC:** | | | | | 0,05“ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **D** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MĚŘIDLO:** | | | | | Úhlové měrky | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VÝROBCE:** | | | | | ČIZ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ROZSAH:** | | | | | (10 – 100) ° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MĚŘICÍ BODY:** | | | | | **15°04´** | | | | | | | | **27°** | | | | | | | | | **42°** | | | | **84° - 85° - 95° - 96°** | | | | | | | | |
| **CMC:** | | | | | 0,03“ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Poznámka:** | | | | Každá laboratoř bude měřit v rozsahu svých technických možností. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Máme zájem měřit:\*** | | | | **A** | | | | | |  | | | | | **B** | | | |  | | | | **C** | | | | |  | | | **D** | |  | |
| **\*** | | | | Zaškrtněte zvolenou možnost | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Referenční laboratoř:** | | | | | | | | | | | | | | | | | | ČMI OI Liberec | | | | | | | | | | | | | | | | |
| **Odborný garant:** | | | | | | | | | | | | | | | | | | Bc. Kamila Nádvorníková | | | | | | | | | | | | | | | | |
| **Zahájení MPZ:** | | | | | | | | | | | | | | | | | | duben 2024 | | | | | | | | | | | | | | | | |
| **Předpokládané ukončení programu MPZ:** | | | | | | | | | | | | | | | | | | prosinec 2024 | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CENA za MPZ včetně dopravy:\*\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Česká republika** | | | | | | | **18 000 CZK** | | | | | | | | | | | | | | | | | | | **bez DPH** | | | | | | | | |
| **Slovenská republika** | | | | | | | **780 EUR** | | | | | | | | | | | | | | | | | | | **bez DPH** | | | | | | | | |
| **\*\*** | | | | | | | Cena za MPZ se vztahuje na všechny výše uvedené zkušební položky a nezávisí na volbě žadatele. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Žadatel si je vědom skutečnosti, že je povinen uhradit ČMI náklady související s organizací  a vyhodnocením mezilaboratorního porovnání zkoušek, a že podmínkou pro zahájení této služby ze strany ČMI je úhrada dřívějších závazků žadatele k ČMI. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Práva a povinnosti vyplývající z této žádosti se řídí příslušnými ustanoveními zákona  č. 89/2012 Sb., občanský zákoník, v platném znění. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Organizátor MPZ:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Název:* | | | | | | | | **Český metrologický institut, Referát MPZ** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Adresa:* | | | | | | | | **Okružní 31, 638 00 Brno, Česká republika** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *IČ / DIČ:* | | | | | | | | | **00177016** | | | | | | | | | | | | | | | | | | **CZ00177016** | | | | | | | |
| *Číslo účtu:* | | | | | | | | | **198139621/0710** | | | | | | | | | | | | | | | | | | | | | | | | | |
| *IBAN / SWIFT:* | | | | | | | | | **CZ18 0710 0000 0001 9813 9621** | | | | | | | | | | | | | | | | | | **CNBACZPP** | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ŽADATEL:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Název právnické nebo fyzické osoby:* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Adresa firmy:* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Adresa provozovny (pokud není totožná s adresou firmy):* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *IČ / DIČ:* | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Osoba oprávněná k technickým jednáním (kontaktní osoba):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Jméno, příjmení, titul:* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Funkce:* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Tel:/email:* | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Smlouva s ČMI na organizaci MPZ č.:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Objednávka žadatele na tuto službu č.:\*\*\*** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **\*\*\*** | *Objednávka žadatele, pokud ji žadatel vystavuje, bude přílohou této žádosti.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Informace pro sestavení ČASOVÉHO HARMONOGRAMU měření:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Laboratoř nemůže měřit v termínu:* | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **Pokud žadatel nemá s ČMI uzavřenou smlouvu na dobu neurčitou na účast v programech mezilaboratorního porovnávání, tato žádost bude předána právnímu oddělení ČMI, které s žadatelem smlouvu uzavře.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Oficiální potvrzení ŽÁDOSTI:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Žadatel se tímto zavazuje poskytnout plnou součinnost při realizaci tohoto MPZ:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ad A)** | **Žadatel se zavazuje poskytnout součinnost při dopravě měřidla podle pokynů uvedených ve stanoveném harmonogramu.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ad B)** | **Žadatel se zavazuje použít předmětná měřidla pro měření v rámci tohoto MPZ podle stanovených pokynů a pokynů výrobce, nevystavit je extrémním vlivům a zasahovat jakýmkoliv způsobem do nastavení měřidel.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ad C)** | **Žadatel zodpovídá ČMI za škody na svěřeném měřidle nebo měřidlech způsobených nesprávnou manipulací nebo nedodržením stanovených pokynů. V případě jejich poškození je žadatel povinen** **poskytnout ČMI náhradu způsobené škody.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ad D)** | **Žadatel se zavazuje provést požadovaná měření ve stanoveném termínu podle časového harmonogramu.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ad E)** | **Žadatel se zavazuje odeslat požadované výsledky měření na Referát MPZ nejpozději do 14 dní po dokončení měření.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ad F)** | **Žadatel bere na vědomí, že pro účely realizace požadovaného DPMZ ČMI v nezbytném rozsahu zpracovává osobní údaje kontaktní osoby uvedené v této žádosti.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **V** | |  | | | | | | | | | | | | **Datum:** | | | | | | |  | | | | | | | | | | | | | |
| Razítko a podpis **ŽADATELE:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| **Konečný termín pro zaslání žádosti:** | | | | | | | | | | | | | | | | | **30.03.2024** | | | | | | | | | | | | | | | | | |
| **Kontakt na ČMI:** | | | RNDr. Simona Klenovská, *vedoucí Referátu MPZ* | | | | | | | | | | | | | | | | | | | | | | | | | | | [sklenovska@cmi.cz](mailto:sklenovska@cmi.cz) | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |