

## STATUS REPORT ON CCL OR RMO COMPARISON

| 1. CCL Section/Field: Length metrology  | 2. CCL Ref No<br>(to be completed by the BIPM):  |                          |                          |                          |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
|---|--|--------------------------|--------------------------|--------------------------|-----|--------------------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------|--------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|---|
| 3. Type of comparison: CCL <input type="checkbox"/> RMO <input checked="" type="checkbox"/><br>Key <input type="checkbox"/> Supplementary <input type="checkbox"/> Pilot study <input type="checkbox"/>   | 4. Subject area: Length Metrology  |                          |                          |                          |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| 5. Participating institutes ( <i>and countries</i> ): Zimbabwe, Kenya and Zambia.   |  |                          |                          |                          |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| 6. Pilot laboratory:<br>NMISA of South Africa   |  |                          |                          |                          |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| 7. Measurand, unit and nominal value(s): Length of 1 metre steel rule   |  |                          |                          |                          |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| 8. Description: Steel rule to be measured at 5 specified points.  |  |                          |                          |                          |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| 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 CCL</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 CCL</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input 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style="text-align: center;">Draft A<br/>Draft B</td><td style="text-align: center;">Draft A<br/>Draft B</td></tr> <tr><td><input type="checkbox"/></td><td>Report submitted to CCL</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>Results approved</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>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 CCL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Accepted and registered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Protocol submitted to CCL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Protocol agreed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Measurements in progress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Measurements completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Report in progress | <input type="checkbox"/> | Draft A<br>Draft B | Draft A<br>Draft B | <input type="checkbox"/> | Report submitted to CCL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Results 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"/> | Comments: _____<br>Publication reference: _____ |
| Date  | Status   | Pilot                    | Supplementary            | Key                      |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| <input type="checkbox"/>  | Proposed to CCL  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| <input type="checkbox"/>  | Accepted and registered  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| <input type="checkbox"/>  | Protocol submitted to CCL  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| <input type="checkbox"/>  | Protocol agreed  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| <input type="checkbox"/>  | Measurements in progress   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| <input type="checkbox"/>  | Measurements completed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
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| <input type="checkbox"/>  | Results 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"/> |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| 10. Measurement start date:<br>August 2007  | 11. Expected measurement completion date:<br>Depending on the number of laboratories but hopefully end 2008. |                          |                          |                          |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| 12. Contact person's name:<br>Address:<br><br>Telephone: + 27 012 841 4340<br>e-mail oakruger@nmisa.org   |  |                          |                          |                          |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| Fax: + 27 012 841 4458<br>Web address: <a href="http://www.nmisa.org/">http://www.nmisa.org/</a>  |  |                          |                          |                          |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |
| 13. Contact Person's signature:   | 14. Date: 20 <sup>th</sup> June 2007   |                          |                          |                          |     |                          |                 |                          |                          |                          |                          |                         |                          |                          |                          |                          |                           |                          |                          |                          |                          |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |                          |                    |                          |                    |                    |                          |                         |                          |                          |                          |                          |                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                               |                          |                          |                          |                          |           |                          |                          |                          |   |

