



International Cooperation and Assistance Division

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## 技术秘书处的说明

### 2006 年实验室援助项目

1. 技术秘书处（以下称“秘书处”）谨此通知各成员国，由于欧洲联盟（欧盟）在防止扩散大规模毁灭性武器的欧盟战略框架内支持禁化武组织活动的第二个“联合行动”方案所提供的资金，秘书处将在 2006 年实施一项援助实验室的项目，旨在增进发展中国家公共部门分析实验室的能力，从而提高它们的化学分析质量和准确性，并提升它们的技术能力。
2. 根据欧盟理事会去年 12 月通过的在防止扩散大规模毁灭性武器的欧盟战略框架内的“联合行动”（2005/913/CFSP，2005 年 12 月 12 日），项目经费将由欧盟提供。

#### 背景

3. 《化学武器公约》（以下称“《公约》”）第十一条规定，缔约国应促进并有权参加为《公约》不加禁止的目的而进行的与化学的发展和有关的应用有关的化学产品、设备及科学技术资料的尽可能充分的交流。第十一条禁止在缔约国间有任何会限制或妨碍为工业、农业、研究、医疗、药物或其他和平目的进行贸易以及发展和增进化学领域科学技术知识的限制。为了能够切实开展这些活动，同时为了履行《公约》规定的其他各项义务，每一成员国在化学品的管理方面都需要拥有坚实的技术基础（包括适足的监测和分析能力）。
4. 秘书处目前正在执行一个实验室援助方案（见 S/328/2002，2002 年 12 月 19 日），凡是已有适足基础设施但可以受益于技术能力的提高从而促进经济和技术发展的分析实验室，都可以申请禁化武组织该方案的援助。方案以赠款的形式提供援助，用于支付开展实验室技术评估和审计的费用。方案还安排有技术人员在先进实验室的培训，或资助在取得资质认可的实验室的实习，以便对开发并验证分析方法的小型研究项目给予支持。



5. 但是，方案不承担购置新的必需硬件的费用。因此，秘书处在 2005 年发起了一个实验室援助项目，为八所公共部门实验室提供了购买基本分析设备的资金并提供了技术援助，使其得以改进技术能力。
6. 2006 年秘书处将执行类似的项目，将有如下设备予以提供：
  - (a) 基本的台式气相色谱-质谱仪，配备有液体注射系统、电子碰撞离子化功能、一台数据处理计算机和软件，以及一个标准质谱图谱库；可有以下选项：
    - (i) 化学和电子碰撞离子化功能；
    - (ii) 专用试样注射系统：一个多用途注射器，或单一用途注射器（即：热解吸系统）；以及
    - (iii) 专门的质谱图谱库（如提出要求）。
  - (b) 基本的台式气相色谱仪，配备有液体注射系统、一至两台检测器、及一台数据处理计算机和软件；可有以下选项：
    - (i) 可配备的检测器：火焰离子检测器、火焰光度检测器、光子俘获检测器、原子发射检测器、氮磷检测器；以及
    - (ii) 专用试样注射系统：一个多用途注射器，或单一用途注射器（即：热解吸系统）。
7. 本项目下供应的设备将遵守欧盟涉及出口双重用途物项和技术的有关规章。
8. 必要时，本项目下提供的技术援助可以包括一些对技术人员的现场培训以及对方案所实现的效益的评估。

### **甄选标准**

9. 本项目将视欧盟为项目拨出款项的水平，为大约五所公共部门实验室提供支持。
10. 凡属从事与《公约》有关的任何领域的工作的、发展中国家成员国公共部门的正规实验室，其所提申请将被接受。
11. 凡申请支持的实验室，应在其申请予以支持的化学分析领域具有适足的基础设施和专门技能。
12. 按秘书处与欧盟委员会之间协议的设想，本项目下的支助请求将由秘书处商欧盟予以审查。除对实验室提交的申请加以评估以外，审查组还将适当考虑《公约》在有关缔约国的实施状况以及有关缔约国以往年度分摊会费的拖欠程度。

### 申请程序

13. 请有兴趣的实验室填写本说明所附的申请表，然后送交有关成员国的国家主管部门或常驻禁化武组织的代表机构。国家主管部门或常驻代表机构应出具简明的推荐信，其中也要表明该项申请符合本国和平利用化学的各项目标的情况。有关申请然后应送交禁化武组织国际合作与援助司国际合作处，地址为：Johan de Wittlaan 32, 2517 JR, The Hague, the Netherlands。所有申请必须**迟于 2006 年 4 月 30 日**以前送达秘书处。

### 税收和关税的放弃

14. 在捐助的设备得以发运之前，受援实验室所在的成员国必须放弃对捐助设备征收一切税收和关税，有关这种放弃的证明必须**迟于**有关实验室得到捐助通知**后一个月**送达秘书处。

### 报告

15. 受援实验室一收到设备，就必须通过有关成员国的国家主管部门或常驻代表机构向秘书处发文确认收讫，地址见上文第 13 段。确认收讫时应表明所收到的设备是否完好无损，如否，应说明任何损坏的性质。
16. 此外，收到设备六个月后，实验室还应通过同样渠道提交一份报告，说明设备的使用情况以及所取得的效益。

### 致谢

17. 受援实验室应利用一切适当机会，包括在书面材料、讲话声明、及出版物中对欧盟项目提供的援助表示感谢。
18. 如需进一步的资料，可与禁化武组织国际合作和援助司国际合作处的国际合作干事 Damian Tonon 先生联系，联系地址是：Johan de Wittlaan 32, 2517 JR, The Hague, the Netherlands（传真：+31-(0) 70-3063535；电子信箱：[IntCoopBr@opcw.org](mailto:IntCoopBr@opcw.org)）。

附件（只有英文）：

Application Form（申请表）

**Annex****PROJECT FOR LABORATORY ASSISTANCE IN 2006****APPLICATION FORM**

1. Applications for support under this project are to be made on this form. Before completing it, please read the guidelines presented in the accompanying Note by the Secretariat to confirm your eligibility.
2. Applications must be received **by 30 April 2006**.
3. The laboratory applying for support should complete this form, and send it to either the National Authority or the Permanent Representation to the OPCW of the Member State concerned.
4. The National Authority or the Permanent Representation should add the required recommendation and then submit the completed form to the International Cooperation Branch, International Cooperation and Assistance Division, OPCW, Johan de Wittlaan 32, 2517 JR, The Hague, the Netherlands.

**PART 1: DETAILS ON THE LABORATORY**

<b>Basic Information</b>			
1.	Name of laboratory		
2.	Postal address of laboratory (Please do not give a post-office box number)	Street	
		Number	Post code
		City	
		Country	
3.	Telephone numbers	Work	
		Mobile	
4.	Fax number		
5.	E-mail address		
6.	Normal functions or mandate of the laboratory: What is its role?		
7.	Is the laboratory operated independently?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.	If it is part of another establishment (e.g., a government department, a research centre, a hospital, a university, or a municipality), please provide details.		
9.	Size of the laboratory (in square meters)		

10.	Source of financing for the laboratory (government, private, or other)	
11.	For how many years has the laboratory been operating?	
<b>Staff Members</b>		
12.	Total number of staff	
13.	How many staff members are part-time?	
14.	How many are full-time?	
15.	How many staff members are managers?	
16.	How many are professionals with university degrees?	
17.	How many laboratory technicians are there?	
18.	Please list other roles, and how many staff members fulfil each one.	
<b>Chemical Analyses Being Undertaken</b>		
19.	Purpose for which analyses are conducted (e.g., toxicology, standards, defence, food, forensics, occupational health, industrial hygiene, environmental, other)	
20.	Types of samples that the laboratory handles (industrial and commercial products, food, water, environmental, workplace-related, other)	
21.	Number of samples or cases per month	
22.	List the types of analytes in the substances analysed (substances may be chemical-warfare agents or their precursors, toxic chemicals, hazardous wastes, discrete organic chemicals, pesticides, persistent organic pollutants, customs-related drugs and pharmaceuticals, organic solvents, toxic gases, natural toxins, food chemicals, and so on).	
	<b>Analyte (Type or Group)</b>	<b>Chemical Substance</b>
		<b>Technique and Equipment Used</b>

	Analyte (Type or Group)	Chemical Substance	Technique and Equipment Used
23.	<b>Equipment</b>		
	Indicate below what equipment is used, together with the name of the manufacturer and the model number.		
	<b>Item</b>	<b>Manufacturer</b>	<b>Model</b>
24.	Are there any formal relationships or agreements with suppliers of equipment for maintenance and training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If so, please provide details.	
<b>Reagents and Reference Materials</b>			
25.	Source of reagents		
26.	Are there any problems with availability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If so, please specify.	
27.	Source of reference materials		
28.	Are there any problems with availability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If so, please specify.	
29.	Please include any comments here.		
<b>Research Experience</b>			
30.	Does the laboratory conduct research in the area for which equipment is being requested, such as method development and validation, or preparation of reference materials in relation to national or international standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If so, please describe, and attach a statement with a list of publications (by subject and staff specialisation).	

<b>Quality-Assurance Programmes</b>		
31.	Does the laboratory have a formal quality-assurance system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
32.	Does the laboratory have an internal quality-assurance programme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
33.	Does the laboratory take part in an external quality-assurance programme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If so, please describe.
34.	Does the laboratory take part in any type of inter-laboratory testing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
35.	Please use this space for any additional comments.	
<b>Accreditation</b>		
36.	Is the laboratory formally accredited?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If so, please indicate the scope of the accreditation and the standard to which the laboratory is accredited, such as ISO/IEC 17025. Otherwise, describe any types of activity for which accreditation is desired.
<b>Relations with Other Laboratories</b>		
37.	Does the laboratory cooperate with other laboratories?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If so, please give details.
38.	Does the laboratory make provision for quality-related community or customer feedback for the services it renders?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If so, please give examples.

39.	Do members of the staff belong to any professional bodies or associations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If so, please provide details.	
40.	Do staff members take part in meetings, training sessions, or workshops related to laboratory quality management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If so, please provide details.	
<b>Hindrances or Problems</b>			
41.	Describe any problems or hindrances relating to technical competence that the laboratory has experienced in providing the services.		
<b>Name and Contact Details of Person Completing the Questionnaire</b>			
42.	Name		
43.	Position or title		
44.	Contact address (office) (Please do not give a post-office box number.)		
45.	Telephone numbers, including country and city codes	Home	
		Work	
		Mobile	
46.	Fax numbers, including country and city codes	Home	
		Work	
47.	E-mail address		



**PART II: EQUIPMENT REQUESTED OF THE OPCW**

48.	Keeping in mind the equipment being offered under the project (see paragraph 6 of the cover Note), please list, <b>in order of priority</b> , the items of equipment the laboratory is seeking from the OPCW. Please indicate any options or preferences. Attach an explanatory statement if necessary.	
49.	Is any technical assistance being sought from the OPCW? (Please refer to paragraph 5 of the cover Note.) If so, please specify, and attach an explanatory statement if necessary.	
50.	Please explain in detail how the analytical equipment will be used by the laboratory. Attach a statement specifying the purposes for which it will be used, the methods to be used, and so on.	
51.	Describe the benefits the laboratory expects from the assistance.	

<b>Relevance of the Proposed Request</b>		
52.	Please indicate the relevance of the proposed request to your country's development goals.	
53.	Please indicate the relevance of the proposed request to the implementation of the Convention in your country.	

**PART III<sup>1</sup>**

**Recommendation, with any comments, of the National Authority for the Convention or the Permanent Representation to the OPCW (to be signed with the seal or stamp of the authority).**


<sup>1</sup> For the sole use of the National Authority or the Permanent Representation to the OPCW
