

STATUS REPORT ON CCXX OR RMO COMPARISON				
1. CCC Section/Field:	2. CCXX Ref No <small>(to be completed by the BIPM):</small>			
3. Type of comparison: CCXX <input type="checkbox"/>	RMO <input type="checkbox"/>	4. Subject area:		
Key <input type="checkbox"/>	Supplementary <input type="checkbox"/>	Pilot study <input type="checkbox"/>		
5. Participating institutes (<i>and countries</i>):				
			Bilateral <input type="checkbox"/>	
6. Pilot laboratory:				
7. Measurand, unit and nominal value(s):				
8. Description:				
9. Progress: <i>(Please note date and tick appropriate box to indicate current status)</i>				
Date	Status	Pilot	Supplementary	Key
<input type="checkbox"/>	Proposed to CCXX	<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 CCXX	<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 <input type="checkbox"/>	Draft A <input type="checkbox"/>
<input type="checkbox"/>			Draft B <input type="checkbox"/>	Draft B <input type="checkbox"/>
<input type="checkbox"/>	Report submitted to CCXX	<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:		Publication reference:		
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:	