

Telephone (717) 346-7200 FAX (717) 346-8590

ENVIRONMENTAL LABORATORY REGISTRATION APPLICATION

The Environmental Laboratory Accreditation Act of 2002 requires that all environmental laboratories that perform testing or analysis of environmental samples required by an environmental statute register with the Department of Environmental Protection. Completion and submission of this form along with the required **fifty dollar (\$50.00)** fee fulfills that requirement.

ITEM 1: Enter existing PA DEP registration/accreditation number (if known).

ITEM 2: Enter US EPA Laboratory Code. This code may be found on Water Supply (WS), Water Pollution (WP) or Discharge Monitoring Report – Quality Assurance (DMRQA) studies.

ITEM 7: Enter the person to whom the Department should send future correspondence and who will be listed as the "contact" for the facility on the Department's website.

Laboratories are reminded that all testing and analysis requirements shall be performed in accordance with the requirements of the Environmental Laboratory Accreditation Act of 2002, the environmental statutes, and any conditions imposed by the Department.

Note: Any subfacilities or remote laboratory sites are considered separate and must submit a separate application.

SUBMIT APPLICATION AND FEE (make check payable to "Commonwealth of Pennsylvania") TO:

Pennsylvania Department of Environmental Protection Attn: Laboratory Accreditation Program P.O. Box 1467 Harrisburg, PA 17105-1467

1.	Pennsylvania Accreditation ID# (if issued)	
2.	US EPA Laboratory Code # (if known)	e.g. PA 12345
3.	Federal EIN Number —	
4.	Legal Name of Applicant	
5.	Mailing Address	
J.	-	
	City	
	State Zip Code —	
	Phone FA	×
6.	Physical Location of Laboratory	
	Number and Street	
	County	
	City	
	State Zin Code	

1500-FM-BOL0101 6/2016

7.	Name and Phone Number of the Laboratory C	ontact Person		
	Name	Phone		
	E-Mail			
8.	Laboratory Type (Check all applicable boxes)			
	Commercial Federal		State	
	☐ Industrial ☐ Mobile		Hospital or Health-	Care Facility
	Academic Institutes Public V	Vater System	Public Wastewater	System
	Other			,
9.	Type of Testing and Analysis Performed (Che)	
	pH, Residual Chlorine, Dissolved Oxygen, F			
	☐ Drinking Water	Air/Emissions		Storage Tank
	Wastewater or Discharge Monitoring	Oil and Gas		
	Hazardous Waste/Site Characterization		ssistance Program	
	Other (Specify)			- 107007-0070-0070-0070-0070-0070-0070-0
10.	CERTIFICATION BY APPLICANT I hereby certify that I am authorized to sign this misrepresentations in my answer to the question application are subject to the provisions of 18 Pa	ns on this application. I u	nderstand that false	statements made in this
N	ame of Responsible Laboratory Official	Signature of Responsible	Laboratory Official	Date



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APPLICATION FOR ENVIRONMENTAL LABORATORY ACCREDITATION PART 1 – Initial/Renewal Application

Note: Any sub-facilities or remote laboratory sites are considered separate and must submit a separate application [§§ 252.201(c) and (d)]. Enclose a copy of the laboratory's quality manual with your initial application and appropriate sections of Part 2 (or list the fields of accreditation for which the laboratory is requesting accreditation). Please consult the Application Instructions for guidance regarding completion of this form. **Incomplete or inaccurate information will delay the processing of an application for accreditation and may result in denial, revocation, or lapse of accreditation.**

	Type of Application: Initial Application—Requested Fields of Accreditation (F Renewal Application—No Changes to Scope of Accreditation Renewal Application—Changes to Scope of Accreditation (additions/deletions) attached	tation reques	ted	anges
2.	Type of Accreditation:			
	State Accreditation	_		
	☐ Potable/Drinking Water ☐ Non-Potable Water	∐ Solid	and Chemical Materials	SOAP Program
	or NELAP Accreditation (Voluntary)	_		
	☐ Potable/Drinking Water ☐ Non-Potable Water	∐ Solid	and Chemical Materials	SOAP Program
	Secondary NELAP Applicants Only			
	Primary Accreditation Body (AB):		Date of On-Site Inspection):
	Primary Accreditation Body (AB):		Date of On-Site Inspection	n:
	Primary Accreditation Body (AB):		Date of On-Site Inspection	n:
3.	Laboratory Type (Check all that apply):			
	☐ Commercial ☐ Federal ☐ Industrial ☐ Public Wastewater S ☐ Academic Institutes ☐ Public Water System ☐ Mobile License #: State: Expiration	า	☐ Hospital or Health-Care ☐ State ☐ Other VIN #:	
4.	Laboratory Hours of Operation			
5.	Pennsylvania Laboratory ID # (if issued):	-		
6.	EPA Laboratory ID #: *If issued			
7.	Federal EIN #:			
8.	Legal Name of Applicant Laboratory:			
9.	Name of Applicant Laboratory (as you wish it to appear of	on the Certific	ate of Accreditation):	
10.	Mailing Address: (If different Billing Address, specify on an	n attached sh	eet.)	
		Markette		
	City: State:	Zip	Code:	
	Phone: FAX:			

City:	State:	Zip Code:	
Name of Owner:			
Address of Owner:			
City:	State:	Zip Code:	
Code Chapter 252.302 and/ supervision of laboratory ope	or the TNI Standard. Labora	atory supervisors are res nd reporting of results. At	experience requirements of 25 Pa. ponsible for exercising day-to-day tach additional sheets if necessary nentation from Primary AB.):
a. Name:		Title:	
Area(s) of Supervision:			
Email:			Phone:
b. Name:		Title:	
Area(s) of Supervision:			
Email:			Phone:
c. Name:		Title:	
			Phone:
***************************************	And the second s		
d. Name:		Title:	
Area(s) of Supervision:			
Email:		A Maria de M	Phone:
e. Name:		Title:	
			Phone:
Email:			Phone:
g. Name:		Title:	
Area(s) of Supervision:			

		Title:	
		Ph	one.
b. Name:	110000000	Title:	
Email:		Ph	one:
		ersonnel employed at laboratory in passis, and/or reporting. Attach additional	
Name	Title/Position	Analytical Responsibility(ies)	Dates of Employmen
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10.00			37 T Salate Inc.
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		ANCE OFFICER(S) (attach additiona	• • • • • • • • • • • • • • • • • • • •
The applicant understands all Commonwealth of Pennsylval and penalty provisions of the C	nia Department of Envi	the laboratory is required to be con ronmental Protection regulations and sylvania.	tinually in compliance with dis subject to the enforcem
applicant/owner and that there	are no misrepresentati	that I am authorized to sign this ons in my answers to the questions of subject to the provisions of 18 Pa.	on this application. I understa
Name of Quality Assurance Officer (a) Sign	ature Quality Assurance Officer	Date

18. CERTIFICATION BY APPLICANT LABORATORY SUPERVISOR(S) (attach additional sheets, as necessary)

The applicant understands and acknowledges that the laboratory is required to be continually in compliance with the Commonwealth of Pennsylvania Department of Environmental Protection regulations and is subject to the enforcement and penalty provisions of the Commonwealth of Pennsylvania. In accordance with 25 Pa Code Chapter 252 § 252.301(a), "The Department will consider the laboratory supervisor of an environmental laboratory as the individual listed on the laboratory's application for accreditation for which the Department has reviewed and approved the individual's

Laboratory Supervisor:

qualifications." All laboratory supervisors identified in Item #14 of this application must sign the certification statement below.

I (individual(s) identified in Item #14) hereby certify that I am authorized to sign this application and have been designated by the laboratory/owner to act as a laboratory supervisor and that there are no misrepresentations in the answers to the questions on this application. I understand and agree to follow the requirements and perform the functions of a laboratory supervisor, as outlined in 25 Pa Code Chapter 252 or the TNI Standard, based on the accreditation type sought by the applicant laboratory.

Failure to meet the requirements of 25 Pa. Code Chapter 252 could result in denial, suspension, or revocation of your laboratory's accreditation and is due cause for civil penalties as established by the Environmental Laboratory Accreditation Act (27 Pa C.S. §§ 4101 – 4113). As indicated below with a check-mark, I hereby certify that I have read following:

а	b	С	d	е	f	g	Laboratories Seeking Primary or Secondary NELAP Accredit	ation
							TNI Standard, V1M1 – PT, V1M2 – QS, and appropriate technical	l modules
							25 Pa. Code Chapter 252, Subchapters B, E, F, and G	
		_					Laboratories Seeking State Accreditation	
							25 Pa. Code Chapter 252	
							Laboratories Seeking Drinking Water Accreditation	
							25 Pa. Code Chapter 109, § 109.810	
	dersta worn						made in this application are subject to the provisions of 18 Pa.	C.S. Section 4904(b)
	e of Su ever na						Signature Supervisor (however named)	Date
	e of Su ever na						Signature Supervisor (however named)	Date
	e of Su ever na						Signature Supervisor [(however named)	Date
	e of Su ever na						Signature Supervisor (however named)	Date
	e of Su ever na						Signature Supervisor [(however named)	Date
	e of Su ever na						Signature Supervisor (however named)	Date
	e of Su			1			Signature Supervisor [(however named)	Date

APPENDIX A Fee Calculation

In accordance with 25 Pa. Code Chapter 252, § 252.204(a), "The appropriate fee in accordance with the following schedule must accompany an application for accreditation, renewal of accreditation. A check must be payable to "Commonwealth of Pennsylvania." A complete fee includes payment of the appropriate Application Fee in addition to all appropriate Matrix Category Fees."

Initial Application Fee (State) ² \$ 750 Initial Application Fee (NELAP) ² \$ 2,50								\$ 2,500		
Renewal Application Fee (State) \$ 500 Renewal Application Fee (NELAP) \$ 2,							\$ 2,000			
1 st Matrix ³			2 nd Matrix ³ 3 rd Ma		atrix ³		_			
BDW	\$ 650								=	
BNPW	\$ 750									
Asbestos	\$ 400		Asbestos	\$ 350		Asbestos	\$ 300			
Micro	\$ 500		Micro	\$ 450		Micro	\$ 400			
Trace Metals	\$ 550		Trace Metals	\$ 500		Trace Metals	\$ 450		1	
Non-Metals	\$ 600		Non-Metals	\$ 550		Non-Metals	\$ 500		1	
VOC	\$ 650		VOC	\$ 600		VOC	\$ 550		1	
SEMI	\$ 1500		SEMI	\$ 1400		SEMI	\$ 1300		1	
Dioxin	\$ 650		Dioxin	\$ 600		Dioxin	\$ 550]	
RAD	\$ 750		RAD	\$ 700		RAD	\$ 650]	
WETT	\$ 700								-	
Sub-Totals										
GRAND TOTAL (Application Fee + Matrix Category Fees)										

² Applications submitted by a laboratory that does not have a valid accreditation certificate from the PA-DEP are considered initial applications and require payment of the Initial Application Fee.

Example Fee Calculation:

XYZ Laboratory wants to renew its State accreditation certificate and performs testing of Whole Effluent Toxicity (WETT), Inorganic Non-Metals and VOCs in drinking water and non-potable water and also performs testing of Trace Metals in all three matrices. XYZ Laboratory would be responsible for the following fee:

Total (Matrix Category Fees + Application Fee)	\$ 5,100
Volatile Organic Chemicals (2 Matrices)	\$ 1,250
Inorganic Non-metal Category (2 Matrices)	\$ 1,150
Trace Metal Category (3 Matrices)	\$ 1,500
Whole Effluent Toxicity (WETT)	\$700
Application Fee – Renewal Application for State Accreditation	\$ 500

¹ In addition to the appropriate fees, out-of-State environmental laboratories shall reimburse the Department for out-of-State travel related to expenses necessitated by the on-site assessment process. See § 252.204(e)

^{3 &}quot;Matrix" refers to Drinking Water, Non-Potable Water, and Solid & Chemical Materials. Laboratories must pay the appropriate fee based on the number of matrices for which the laboratory requests accreditation.

APPENDIX B

Guidance Documents

The Department has developed guidance documents and other compliance assistance aids that describe the various accreditation requirements that laboratories must meet. These documents are available on the Department's website at www.dep.pa.gov/business/otherprograms/labs under "Laboratory Accreditation Program." Below is a list of some of the documents that the Laboratory Accreditation Program strongly recommends that laboratories read and understand.

All L	aboratories Seeking Accreditation
	Part 1 – Initial/Renewal Application Instructions
	Part 3 – Add/Change Supervisor Instructions
	Part 4 – Addition of Field of Accreditation Instructions
	Part 5 – Change to Laboratory Information Instructions
Lab	oratories Seeking Primary NELAP and State Accreditation
	Corrective Action Report FAQ
	On-Site Assessment Guidance
	Proficiency Testing Guidance for Labs
Lab	oratories Seeking Drinking Water Accreditation for Chemistry
	Request to Report Qualified DW Results Instructions
	SDWA Composite Analysis FAQ
	Memo to DW Accredited Labs RE: SDWA Reporting and Notification Requirements
Lab	oratories Seeking Drinking Water Accreditation for Microbiology
	Memo to DW Accredited Labs RE: SDWA Reporting and Notification Requirements
	Notice to DW Micro Labs RE: SDWA Microbiology Results
	Coliform Density Calculation FAQ
Lab	oratories Seeking Secondary NELAP Accreditation
	Secondary NELAP FAQ



Pennsylvania Laboratory ID:

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION Bureau of Laboratories P.O. Box 1467 Harrisburg, PA 17105-1467

Telephone (717) 346-7200 FAX (717) 346-8590

APPLICATION FOR ENVIRONMENTAL LABORATORY ACCREDITATION PART 2 – Methodology Requests

Matrix(ces)	Method & Rev#	Analyte	SOP* ID	OC* PT*
TO SERVICE TO	.:			
W-1011				
		T. W. G. T		
· Prince and in the control of the c				
F-1-774-1				
35514413				
MR1-3				
2000				
. a - F-06 Wassie				
C A CANAN AND AND AND AND AND AND AND AND AND				
103/				



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APPLICATION FOR ENVIRONMENTAL LABORATORY ACCREDITATION PART 3 – Add/Change Laboratory Supervisor

Note: An accredited environmental laboratory must have at least one qualified laboratory supervisor (or Technical Director, for NELAP) who meets the qualifications outlined in 25 Pa. Code, Chapter 252 or the 2009 TNI Standard. Enclose the appropriate documents demonstrating that the individual proposed on this form is qualified to perform the function of a laboratory supervisor (however named). Incomplete or inaccurate information will delay the processing of an application for addition or replacement of a laboratory supervisor and may result in denial, revocation, or lapse of accreditation.

Terms and Definitions

Laboratory Supervisor (or Technical Director)—A technical supervisor of an environmental laboratory who supervises laboratory procedures and reporting of analytical data. This individual must meet the education and experience requirements of the applicable standard (State or NELAP) for which the laboratory seeks to obtain and/or maintain accreditation.

Lead Supervisor—Laboratory supervisor (or technical director) designated by management/ownership to be listed on all official correspondence from the Department. This supervisor is also listed as the contact for the laboratory on the DEP website. "Lead Supervisor" is an unofficial term used by the Department to identify the individual to whom official correspondence is addressed. This individual must meet the education and experience requirements for a supervisor.

Primary Supervisor—Laboratory supervisor who exercises actual day-to-day supervision for one or more areas of the laboratory's accreditation.

Alternate Supervisor—Individual meeting the qualifications of a laboratory supervisor for one or more areas of the laboratory's accreditation and who performs the function of a laboratory supervisor when the primary supervisor is absent.

Laboratory Information: 1. Pennsylvania Laboratory ID: Use separate application form for each individual Laboratory ID#. 2. Laboratory Name: (as it appears on the Certificate of Accreditation) 3. Type of Accreditation:

	☐ State Accreditation (Chapter 252) ☐ NELAP Accreditation
Pro	oposed Supervisor Information:
4.	Type of Application: (check all that apply)
	 □ Replace a Laboratory Supervisor (includes removal of current supervisor) □ Add a Laboratory Supervisor □ Amend Supervisory Responsibilities of Current Laboratory Supervisor □ Designate a new "Lead Supervisor"
5.	Proposed Laboratory Supervisor: (Use separate application form for each proposed laboratory supervisor)
	Name: Phone: x
	Email:
6.	Does this Proposed Laboratory Supervisor replace a previously designated Laboratory Supervisor? ☐ Yes ☐ No If "Yes", specify previous laboratory supervisor's name below.

7.	Proposed Area(s) of S	upervision: (check a	all that	apply)											
	Microbiology	☐ Volati	le Org	anic Comp	oounds	□ w	/hole Ef	fluent ⁻	Toxici	ty					
	☐ Asbestos		_	and Semi-		□R	adioche	mistry							
	☐ Inorganic Non-Metal	s 🔲 PCBs				\square M	licro (lin	nited to	: Fec	al, TC), E.c	oli, F	HPC	;)	
	☐ Trace Metals	☐ Dioxir	ı			□ 0	ther								
	Other	☐ Other					ther								
9. 10. 11.	Type of Supervision: is absent for longer than Program if a Primary La Primary Alte Will this individual be Laboratory Supervisor a Yes No Effective Date(s) of Supervisor Sup	n 16 calendar days. Iboratory Supervisor's Inate If both, considered the "Le and must be performi	NOTE s abse pleas ad Su ng the	: Laborato ence excee e specify l pervisor" functions	ries are <u>requ</u> eds 30 calend Primary Areal ? (The Lead of a Laborate	ired to dar da (s): Supe ory Su	o notify ays.) ervisor r uperviso	nust m	eet th	e qua	alifica	tatio	on ——		
	City														
	State 2	Zip Code													
12.	Analytical Experience period for which analytic	: (Applicant MUST o	omple	te the follo	owing table.	Provid	de a rar	ge of o	dates	for th	e spe	cific	tim	е	
	Method		btaine		additional sh .nalyte/Class			ssary.)			ates				
	Method	Technology	obtaine	Α	nalyte/Class			ssary.)	e.a	D	ates	seni	t		
			obtaine		nalyte/Class			ssary.)	e.g	D		sent	t		
	Method	Technology	obtaine	Α	nalyte/Class			ssary.)	e.g	D	ates	seni	t		
13a.	Method e.g.: SM 5210B Education: (Laborator area of supervision. Coadditional sheets, if necessity and supervision.)	Technology e.g.: electrode y Supervisors are recomplete the following cessary.)	quired	e.g.: BO	btained specid to college s	ific ed	ducation ster cred	al qual lit-hou	ification	Dons deduca	9-Pre	ding Atta	on t	the	
13a.	Method e.g.: SM 5210B Education: (Laborator area of supervision. Coadditional sheets, if necosmology and sheets)	Technology e.g.: electrode y Supervisors are recomplete the following cessary.)	quired table	e.g.: BO	btained speci d to college s	ific ed	ducation ster cred	al qual lit-hou logy ² dits	ifications of e	ons deduca	epen- tion.	ding Atta	on t	the	
13a .	Method e.g.: SM 5210B Education: (Laborator area of supervision. Coadditional sheets, if necessity and supervision.)	Technology e.g.: electrode y Supervisors are recomplete the following cessary.)	quired table	e.g.: BO	btained specid to college s	ific ed	ducation ster cred	al qual lit-hou logy ² dits	ifications of e	Dons deduca	epen- tion.	ding Atta	on t	the	
13a.	Method e.g.: SM 5210B Education: (Laborator area of supervision. Coadditional sheets, if necosmology and sheets)	Technology e.g.: electrode y Supervisors are recomplete the following cessary.)	quired table	e.g.: BO	btained speci d to college s	ific ed	ducation ster cred	al qual lit-hou logy ² dits	ifications of e	ons deduca	epen- tion.	ding Atta	on t	tthe	
	Method e.g.: SM 5210B Education: (Laborator area of supervision. Coadditional sheets, if necessity of Pitts 1 Courses that may be cons 2 Courses that may be cons 3 Courses that may be cons sciences, or engineering.	Technology e.g.: electrode y Supervisors are recomplete the following cessary.) Name sidered as "Chemistry" madered as "Biology" mussidered as "Science" includes	quired table Co e.g.:	to have o with regar Degree onferred BS	btained specid to college s # Chemistry Credits e.g.: 44 E, CHM, CHEM BB, BIOSC, BIOSchemistry, phys	ific edsemes try¹ if, CH, MIC ics, en	Hucation ster cred	al qual lit-houd logy ² dits	# 9	Dons diduca	ependition. ace³ (cify ty	ding Atta	on the control of the	hysica	
	Method e.g.: SM 5210B Education: (Laborator area of supervision. Coadditional sheets, if necoadditional sheets, if necoadditional sheets and the coadditional sheets are additional sheets.) School No. 2. University of Pitts 1 Courses that may be cons 2 Courses that may be cons 3 Courses that may be cons	Technology e.g.: electrode y Supervisors are recomplete the following cessary.) Name sidered as "Chemistry" mustidered as "Biology" mustidered as "Science" includes the provision: (This provi	quired table Co e.g.:	to have o with regar Degree onferred BS	btained specid to college s # Chemistry Credits e.g.: 44 E, CHM, CHEM BB, BIOSC, BIOSchemistry, phys	ific edsemes try¹ if, CH, MIC ics, en	Hucation ster cred	al qual lit-houd logy ² dits	# 9	Dons diduca	ependition. ace³ (cify ty	ding Atta	on the control of the	hysica	
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13b.	Method e.g.: SM 5210B Education: (Laborator area of supervision. Coadditional sheets, if necessity of Pitts 1 Courses that may be cons 2 Courses that may be cons 3 Courses that may be cons sciences, or engineering. Certified Operator Prowater, wastewater, or in Operator Certificate #:	Technology e.g.: electrode y Supervisors are recomplete the following bessary.) Name sidered as "Chemistry" mustidered as "Biology" mustidered as "Science" included industrial waste treatments. Trinking Water V	quired table Co e.g.: uust be t be list ude: ch sion is nent fa	to have o with regare enferred BS listed as CH ed as BIO, E emistry, block is limited to acility.) Expiration	btained specid to college s # Chemistrate Credits e.g.: 44 E, CHM, CHEM BB, BIOSC, BIOSchemistry, physical an individual	ific edsemes try¹ if, CH, OL, MIC ics, en	Hucation ster cred # Bic Cre e.g.: 4 BCHEM, C, MICRO vironmer	al qual lit-houd logy ² dits	# 9	Dons diduca	ependition. ace³ (cify ty	ding Atta	on the control of the	hysica	

(however named)

15. CERTIFICATION BY APPLICANT LABORATORY

As an authorized representative of the environmental laboratory, I hereby understand and acknowledge that the laboratory is required to be continually in compliance with the Commonwealth of Pennsylvania Department of Environmental Protection regulations, and the Environmental Laboratory Accreditation Act, Act of June 9, 2002, P.L. 596, No. 90, 27 Pa. C.S. §§ 4101-4113 and is subject to the enforcement and penalty provisions of the Commonwealth of Pennsylvania.

I hereby certify that I am authorized to sign this application and designate the individual named in Item #5 on this application to act as a laboratory supervisor at the laboratory named in Item #1 of this application and that there are no misrepresentations in the answers to the questions on this application. I understand and agree to follow the requirements

	of 25 Pa Code Chapter 252 or the 2009 TN understand that false statements made in this (unsworn falsification to authorities).		
	Name of Laboratory Representative (however named)	Signature of Laboratory Representative (however named)	Date
16.	CERTIFICATION BY APPLICANT SUPERVIS	OR (individual named in item #5)	•
	The proposed supervisor understands and ac with the Commonwealth of Pennsylvania De enforcement and penalty provisions of the Com	epartment of Environmental Protection reg	
	I hereby certify that I am authorized to sign this laboratory supervisor and that there are no runderstand and agree to follow the requirement Code Chapter 252 or the 2009 TNI Standard supervise. I understand that false statements 4904(b) (unsworn falsification to authorities).	nisrepresentations in my answers to the o ts and perform the functions of a laboratory d, based on the accreditation type sought	questions on this application. It is supervisor, as outlined in 25 Patts by the laboratory I propose to
	Name of Proposed Supervisor	Signature of Proposed Supervisor	Date

(however named)

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APPLICATION FOR ENVIRONMENTAL LABORATORY ACCREDITATION PART 4 – Addition of Field of Accreditation (FOA)

NOTE 1: The Department will not process Add FOA applications that do not include a SOP and IDOC for each requested FOA. (Not required for Secondary NELAP applicants.) **Incomplete or inaccurate information will delay the processing of an application for accreditation and may result in denial of application.**

NOTE 2: Laboratories may choose to perform PT studies before or after the submission of the add FOA application form. The PT studies must meet all requirements of 25 Pa Code Chapter 252, § 252.501.

NOTE 3: Any Add FOA application that results in the expansion of the laboratory's accreditation requests beyond the Accreditation Categories paid in the most recent Application for Accreditation (Initial or Renewal) will require payment of the appropriate category fee in addition to the Addition of FOA Fee. The Add FOA fee is not required when Part 4—Add FOA applications are submitted with Part 1—Initial/Renewal Applications. Secondary NELAP applicants are assessed the \$250.00 Add FOA fee after the fifth (5th) Add FOA Application.

NOTE 4: Should the Department determine that a supplemental on-site assessment is required prior to a final determination of the Add FOA application, the Department will provide an invoice for payment of the Supplemental On-site Assessment Fee of \$500.00. The Supplemental On-site Fee must be paid before the Department will schedule a supplemental on-site assessment. 1. Pennsylvania Laboratory ID: 2. **Laboratory Name:** 3. Requirements for a complete Add FOA Application for Primary NELAP & State Applicants: ☐ SOPs for all requested FOAs ☐ IDOCs for all requested FOAs Completed Proficiency Testing Studies, as required by the FoPT Tables or provide the anticipated date of completion □ \$250.00 Addition of Field of Accreditation Fee (not required when submitted with a Part 1—Initial/Renewal Application) Fee for any new accreditation category associated with the Add FOA, as appropriate (see § 252.204) Requirements for a complete Add FOA Application for Secondary NELAP Applicants: ☐ Valid Scope of Accreditation from a NELAP Recognized Accreditation Body with requested FOAs highlighted or otherwise clearly identified Fee for any new accreditation category associated with the Add FOA, as appropriate (see § 252.204) ☐ \$250.00 Addition of Field of Accreditation Fee (fee waived for most Secondary NELAP applicants, see NOTE 3. Fee not required when submitted with a Part 1—Initial/Renewal application) **CERTIFICATION BY APPLICANT** 5. As an authorized representative of the environmental laboratory, I hereby understand and acknowledge that the laboratory is required to be continually in compliance with the Commonwealth of Pennsylvania Department of Environmental Protection regulations, and the Environmental Laboratory Accreditation Act, Act of June 9, 2002, P.L. 596, No. 90, 27 Pa. C.S. §§ 4101-4113 and is subject to the enforcement and penalty provisions of the Commonwealth of Pennsylvania. Name of Laboratory Representative Signature of Laboratory Representative Date (however named) (however named)

6. Additional Field(s) of Accreditation (include additional sheets as necessary):

Matrix(ces)	Method & Rev#	Analyte	CAS#	SOP*	IDOC*	PT*
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^{*} Leave these columns blank. For Department Use Only.



Telephone (717) 346-7200 FAX (717) 346-8590

APPLICATION FOR ENVIRONMENTAL LABORATORY ACCREDITATION PART 5 – Changes to Laboratory Information

Note: Any sub-facilities or remote laboratory sites are considered separate and must submit a separate application [§§ 252.201(c) and (d)]. Incomplete or inaccurate information will delay the processing of an application for accreditation and may result in denial, revocation, or lapse of accreditation.

1.	Pennsylvania Laboratory ID:
2.	Type of Application: (check all that apply)
	 ☐ Change in Administrative Information (change in Laboratory Name or Address)—Complete Appendix A ☐ Ownership Transfer Application—Complete Appendix B ☐ Change in Quality Assurance Officer—Complete Appendix C
3.	Attachments to be included with Appendix A—Change in Administrative Information:
	\$150.00 Change in Administrative Information Fee (not required if submitted in conjunction with Appendix B—Ownership Transfer Application)
	☐ Valid Scope of Accreditation from a NELAP Recognized Accreditation Body confirming all requested changes (Secondary NELAP applicants only)
	NOTE: Changes limited to phone or fax number, e-mail addresses, or EPA ID# may be provided on a separate sheet and do not require completion of a Part 5—Changes to Laboratory Information application form or payment of fee.
4.	Attachments to be included with Appendix B—Ownership Transfer Application:
	 Summary of Personnel and Responsibilities (must specifically outline all laboratory personnel, their responsibilities and any changes to or reassignment of management or analytical staff) Summary of Equipment and Records (must specifically outline all equipment and Chapter 252/TNI records that will be maintained and any changes such as purchase or consolidation of equipment) Summary of Operations (must specifically outline the laboratory's operations and any changes to quality documents, operating procedures, sample reporting, etc.) Completed W-9 Form \$150.00 Ownership Transfer Fee
5.	Attachments to be included with Appendix C—Change in Quality Assurance Officer:
	☐ Confirmation from Primary NELAP Recognized Accreditation Body of the change in personnel (Secondary NELAP applicants only)
6.	CERTIFICATION BY APPLICANT
	As the laboratory supervisor of the environmental laboratory, I hereby understand and acknowledge that the laboratory is required to be continually in compliance with the Commonwealth of Pennsylvania Department of Environmental Protection regulations, and the Environmental Laboratory Accreditation Act, Act of June 9, 2002, P.L. 596, No. 90, 27 Pa. C.S. §§ 4101-4113 and is subject to the enforcement and penalty provisions of the Commonwealth of Pennsylvania.
•	Name of Laboratory Supervisor (however named) Signature of Laboratory Supervisor (however named) Date

Appendix A

Change in Administrative Information

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Appendix B

Ownership Transfer Application

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Appendix C

Change in Quality Assurance Officer

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