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| DEQ Logo 2005 | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***LABORATORY AND STACK TESTER ACCREDITATION APPLICATION*** | | | | | |
| **APPLICATION**  **CHECKLIST** | **CHECKLIST OF REQUIRED SUBMITTALS** | | | | | |
|  | | | | | | |
| The following items are required to be submitted as part of your application for laboratory accreditation. Refer to instructions for each labeled application part. Please type or print legibly.  If you have any questions, please contact the LELAP at [LDEQ.LabAccreditationProgram@LA.GOV](mailto:LDEQ.LabAccreditationProgram@LA.GOV). | | | | | | |
| Submit to ***LELAP***  by  Mail, Email, File Drop, or Delivery | |  | Part A | Basic Information Form | | pp. 2-3 |
|  | Part B | Laboratory Management Qualifications Summary | | pp. 4-6 |
|  | Part C | Quality Management System Checklist (LELAP or NELAP) | | p. 7 |
| Submit to ***Financial Services Division*** by  Mail or Delivery | |  | Part D | Fee Payment Information | | pp. 8-9 |
| Submit Electronically to ***LELAP*** by Email ***AND*** Hardcopy to ***LELAP*** by Mail or Delivery | |  | Part E | Scope (Fields) of Accreditation Request | | pp. 10-11 |
| Submit signed original to ***LELAP*** by  Mail or Delivery | |  | Part F | Certification of Compliance (Signed Original-Not a Copy) | | p. 12 |
| Submit to ***LELAP***  by  Mail, Email, File Drop, or Delivery | |  | Part G | Laboratory Quality Assurance Manual | | p. 13 |
|  | Part H | Laboratory Standard Operating Procedures | | p. 14 |
|  | Part I | Proficiency Testing Studies /Approved Alternative | | p. 15 |
|  | Part J | Certificate & Scope (Secondary Accreditation Only) | | p. 16 |
| ***FOR APPLICATION SUBMITTAL TO LELAP*** | | | | | | |
| *File Drop*  Notify LELAP if you will submit using your file drop | | | | | *Email Address*  [LDEQ.LabAccreditationProgram@LA.GOV](mailto:LDEQ.LabAccreditationProgram@LA.GOV) | |
| *Address for U.S. Mail*  LELAP  Office of Environmental Services  LA Dept. of Environmental Quality  P. O. Box 4313  Baton Rouge, LA 70821-4313 | | | | | *Address for Service Carrier or Hand Delivery*  LELAP  Office of Environmental Services  LA Dept. of Environmental Quality  Galvez Bldg. / 602 North 5th St.  Baton Rouge, LA 70802 | |
| ***FOR APPLICATION FEE SUBMITTAL TO LDEQ FINANCIAL SERVICES DIVISION*** | | | | | | |
| *Address for U.S. Mail*  Financial Services Division  ATTN: Accounts Receivable  LA Dept. of Environmental Quality  P. O. Box 4311  Baton Rouge, LA 70821-4311  DEQ Logo 2005 | | | | | *Address for Service Carrier or Hand Delivery*  Financial Services Division  ATTN: Accounts Receivable  LA Dept. of Environmental Quality  Galvez Bldg. / 602 North 5th St.  Baton Rouge, LA 70802 | |
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|  | | | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | | | | | | | | | | | | *FOR OFFICE USE ONLY* | | | | | | | | | | |
| Check No. | | | | | | | | |  | |
| Check Amount/Date | | | | | | | | |  | |
| LELAP Lab ID No. | | | | | | | | |  | |
| Agency Interest No. | | | | | | | | |  | |
| EPA Lab ID | | | | | | | | |  | |
| **PART A** | | | | **BASIC INFORMATION FORM** | | | | | | | | | | | | | | | | | | Mobile Lab ID | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Name of Facility** | | | | |  | | | | | | | | | | | | | | | |  | | | **Agency Interest No.** | | | | | | |  |  |
| **Facility Hours** | | | | |  | | | | | | | | | |  | | | | | |  | | |  | | |  | | | |  |  |
| **Facility Geographic Location** | | | | | | | Latitude | |  | | | | | | Longitude | | |  | | | | | | | | |  | | | |  |  |
| **Addresses** | | Street or P.O. Box | | | | | | | | | |  | City | | | | |  | | State | | |  | | | Zip | |  | Parish | | |  |
| Physical | |  | | | | | | | | | |  |  | | | | |  | |  | | |  | | |  | |  |  | | |  |
| Mailing | |  | | | | | | | | |  | |  | | | | |  |  | | |  | | |  | | |  |  | | |  |
| Billing | |  | | | | | | | | |  | |  | | | | |  |  | | |  | | |  | | |  |  | | |  |
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| Driving Description | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 1. **TYPE OF LELAP ACCREDITATION REQUESTED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | State-only | | | | |  | | Primary | | In accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, “Laboratory Accreditation” | | | | | | | | | | | | | | | | | | | | | | |
|  | NELAP | | | | |  | | Primary | | In accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, “Laboratory Accreditation” and the 2016 TNI Standard | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | Secondary | |
|  | Other Recognized Accreditation Body (AB) | | | | |  | | Secondary | | In accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, “Laboratory Accreditation” and all the provisions and standards of the respective accreditation body (EX: AASHTO by AAP; ISO 17025 by GAI-LAP and NVLAP; NLLP by AIHA or A2LA; NEFAP by A2LA; or AIHA Policy Module by AIHA) | | | | | | | | | | | | | | | | | | | | | | |
|  | Combination of Accreditation Types | | | | | | | | | See requested scope | | | | | | | | | | | | | | | | | | | | | | |
| 1. **PURPOSE AND TYPE OF APPLICATION** | | | | | | | | | | | | | | | | 1. **LABORATORY TYPE** | | | | | | | | | | | | | | | | |
|  | Initial Accreditation | | | | | | | | | | | | | | |  | Small Commercial Laboratory | | | | | | | | | | | | | | | |
|  | Reaccreditation | | | | | | | | | | | | | | |  | Commercial Mobile/Field Laboratory | | | | | | | | | | | | | | | |
|  | Modify Scope of Accreditation | | | | | | | | | | | | | | |  | Commercial Louisiana (Local or State) or Federal Laboratory | | | | | | | | | | | | | | | |
|  | Renewal Accreditation | | | | | | | | | | | | | | |  | Non-Commercial Industrial Laboratory | | | | | | | | | | | | | | | |
|  | Change of Address, Ownership, or Key Staff | | | | | | | | | | | | | | |  | Non-Commercial Local or State Laboratory (Not in Louisiana) | | | | | | | | | | | | | | | |
|  | Other | |  | | | | | | | | | | |  | |  | Non-Commercial Louisiana (Local or State) or Federal Laboratory | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | |  | |  | Commercial Laboratory | | | | | | | | | | | | | | | |
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| DEQ Logo 2005 | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | | | | | | | | | | | | | | |
| **PART A (cont’d)** | | **BASIC INFORMATION FORM** | | | | | | | | | | | | | | | | | | | | |
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| 1. **OWNER** | | | | | | | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | |  | |  | | | | |  | |  |  | |  |  |
|  | Street or P. O. Box | | | | | | | |  | | City | | | | |  | | State |  | | Zip |  |
| **Address** |  | | | | | | | |  | |  | | | | |  | |  |  | |  |  |
| **Phone** |  | | | | **Fax** | |  | |  | |  | **Email** | | |  |  | |  |  | |  |  |
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| 1. **PRIMARY CONTACT-DESIGNATED TO ACT AS LABORATORY REPRESENTATIVE** | | | | | | | | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | |  | | **Title** | |  | | | | | |  |
| **Dept.** |  | | | | | | | | | | |  | |  | |  |  | | |  |  |  |
|  | Street or P. O. Box | | | | | | |  | | City | | | | | |  | State | | |  | Zip |  |
| **Address** |  | | | | | | |  | |  | | | | | |  |  | | |  |  |  |
| **Phone** |  | | | | | **Fax** |  | | | | | **Email** | | |  | | | | | | |  |
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| 1. **OTHER KEY CONTACTS** | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Responsible Official** | | |  | | | | | | | | | | | |  | | | | | | | |
| **Phone** |  | | | **Fax** | | |  | | | | | | **Email** | |  | | | | | | |  |
|  | | | | | | | | | | | | | | |  | | | | | | |  |
| **Name of Lab Technical Director** | | |  | | | | | | | | | | | |  | | | | | | |  |
| **Phone** |  | | | **Fax** | | |  | | | | | | **Email** | |  | | | | | | |  |
|  | | | | | | | | | | | | | | |  | | | | | | |  |
| **Name of Quality Assurance Officer** | | |  | | | | | | | | | | | |  | | | | | | |  |
| **Phone** |  | | | **Fax** | | |  | | | | | | **Email** | |  | | | | | | |  |
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| 1. **INSTRUMENTS USED** | | | | | | | | | | | | | | | | | | | | | | |
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| DEQ Logo 2005 | | | | | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | | *FOR OFFICE USE ONLY* | | | | | | | | | | | | | | | | | | | |
| LELAP Lab ID No. | | | | | | | | | | |  | | | | | | | | |
| Agency Interest No. | | | | | | | | | | |  | | | | | | | | |
| EPA Lab ID | | | | | | | | | | |  | | | | | | | | |
| Mobile Lab ID | | | | | | | | | | |  | | | | | | | | |
| Applicant | | | | | meets requirements | | | | | | | | | | | | | | |
| **PART B** | | | | | | **LABORATORY MANAGEMENT QUALIFICATIONS** | | | | | | | | does not meet requirements | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Title** | | LAB TECHNICAL DIRECTOR | | | | | | | |  | **Date Started Current Position** | | | | | | | | | | |  | | | | | | | | | |  | |
| **Name** | |  | | | | | | | |  | **Phone** | | | |  | | | | | | | | | | | | | | | | |  | |
| Discipline(s) | | | | Chemical Analysis (CHEM) | | | | | Microbiology (MICROB) | | | | | | Quality Assurance (QA) | | | | | | | | | | | | | | | | |  | |
| *(Select all that apply)* | | | | Radiochemistry (RADIO) | | | | | Microscopy (MICROS) | | | | | | Other (OTH) | | | | | | | |  | | | | | | | | |  | |
|  | |  | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | |
| 1. **EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From  Mon/Yr | To  Mon/Yr | | College/University | | | | City, State | | Major & Degree | | | Year Completed | | Semester Credit Hours Per Discipline | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | |  | |  | | |  | | CHEM: | | | |  | | | MICROB: | | | | |  | | | | QA: | |  | |
| RADIO: | | | |  | | | MICROS: | | | | |  | | | | OTH: | |  | |
|  |  | |  | | | |  | |  | | |  | | CHEM: | | | |  | | | MICROB: | | | | |  | | | | QA: | |  | |
| RADIO: | | | |  | | | MICROS: | | | | |  | | | | OTH: | |  | |
|  |  | |  | | | |  | |  | | |  | | CHEM: | | | |  | | | MICROB: | | | | |  | | | | QA: | |  | |
| RADIO: | | | |  | | | MICROS: | | | | |  | | | | OTH: | |  | |
| 1. **TECHNICAL TRAINING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| From  Mon/Yr | To  Mon/Yr | | Technical Trade/Service School | | | | City, State | | Subject &  Certificate | | | Year Completed | | Semester Credit Hours Per Discipline | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | |  | |  | | |  | | CHEM: | | | |  | | | MICROB: | | | | |  | | | | QA: | |  | |
| RADIO: | | | |  | | | MICROS: | | | | |  | | | | OTH: | |  | |
| 1. **RELEVANT EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From  Mon/Yr | To  Mon/Yr | | Employer Name | | | | City, State | | Job Title & Description | | | | | | | | | | | | | | | | | | | | | | |  | |
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| 1. **ADDITIONAL TRAINING OR EXPERIENCE, IF ANY (ATTACH EXTRA PAGE, IF NEEDED)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| DEQ Logo 2005 | | | | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | | | *FOR OFFICE USE ONLY* | | | | | | | | | | | | | | | | | | | |
| Applicant | | | | | meets requirements | | | | | | | | | | | | | | |
| does not meet requirements | | | | | | | | | | | | | | |
| **PART B (cont’d)** | | | | | **LABORATORY MANAGEMENT QUALIFICATIONS** | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | |
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| 1. **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Title** | | QUALITY ASSURANCE OFFICER | | | | | | | |  | **Date Started Current Position** | | | | | | | | | | |  | | | | | | | | | | |  |
| **Name** | |  | | | | | | | |  | **Phone** | | | |  | | | | | | | | | | | | | | | | | |  |
| Discipline(s) | | | | | Chemical Analysis (CHEM) | | | | Microbiology (MICROB) | | | | | | | Quality Assurance (QA) | | | | | | | | | | | | |  | | | |  |
| *(Select all that apply)* | | | | | Radiochemistry (RADIO) | | | | Microscopy (MICROS) | | | | | | | Other (OTH) | | | | | | | |  | | | | | | | | |  |
|  | |  | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | |  | |
| 1. **EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From  Mon/Yr | To  Mon/Yr | | College/University | | | | City, State | | Major & Degree | | | Year Completed | | Semester Credit Hours Per Discipline | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | |  | |  | | |  | | CHEM: | | | |  | | | MICROB: | | | | | |  | | | QA: | |  | |
| RADIO: | | | |  | | | MICROS: | | | | | |  | | | OTH: | |  | |
|  |  | |  | | | |  | |  | | |  | | CHEM: | | | |  | | | MICROB: | | | | | |  | | | QA: | |  | |
| RADIO: | | | |  | | | MICROS: | | | | | |  | | | OTH: | |  | |
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| RADIO: | | | |  | | | MICROS: | | | | | |  | | | OTH: | |  | |
| 1. **TECHNICAL TRAINING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| From  Mon/Yr | To  Mon/Yr | | Technical Trade/Service  Technical Trade/Service School | | | | City, State | | Subject &  Certificate | | | | Year Completed | Semester Credit Hours Per Discipline | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | |  | |  | | | |  | CHEM: | | |  | | | MICROB: | | | | | | | |  | | | QA: |  | |
| RADIO: | | |  | | | MICROS: | | | | | | | |  | | | OTH: |  | |
| 1. **RELEVANT EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From  Mon/Yr | To  Mon/Yr | | Employer Name | | | | City, State | | Job Title & Description | | | | | | | | | | | | | | | | | | | | | | |  | |
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| 1. **ADDITIONAL TRAINING OR EXPERIENCE, IF ANY (ATTACH EXTRA PAGE, IF NEEDED)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| DEQ Logo 2005 | | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | | | *FOR OFFICE USE ONLY* | | | | | | | | | | | | | | |
| Applicant | | | | meets requirements | | | | | | | | | | |
| does not meet requirements | | | | | | | | | | |
| **PART B (cont’d)** | | | **LABORATORY MANAGEMENT QUALIFICATIONS** | | | | | | | | |  | | | |  | | | | | | | | | | |
| **ALL OTHER PERSONNEL Please make copies of this page for additional personnel. Please note primary responsibilities. A roster may be submitted with more than 20 staff members.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Title** |  | | | | | | |  | **Date Started Current Position** | | | | | | |  | | | |  | | | | | |  |
| **Name** |  | | | | | | |  | **Phone** |  | | | | | | | | | | | | | | | |  |
| Discipline(s) | | | | Chemical Analysis (CHEM) | | | Microbiology (MICROB) | | | | | | | Quality Assurance (QA) | | | | | | | | | | | |  |
| *(Select all that apply)* | | | | Radiochemistry (RADIO) | | | Microscopy (MICROS) | | | | | | | Other (OTH) | | | | |  | | | | | | |  |
|  |  |  | |  |  | |  | | | |  | | | | |  | | | | | | | | | |  |
| 1. **EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From  Mon/Yr | To  Mon/Yr | College/University | | | City, State | Major & Degree | | | | | Year Completed | | Semester Credit Hours Per Discipline | | | | | | | | | | | | | |
|  |  |  | | |  |  | | | | |  | | CHEM: | |  | | MICROB: | | | |  | | QA: | |  | |
| RADIO: | |  | | MICROS: | | | |  | | OTH: | |  | |
|  |  |  | | |  |  | | | | |  | | CHEM: | |  | | MICROB: | | | |  | | QA: | |  | |
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|  |  |  | | |  |  | | | | |  | | CHEM: | |  | | MICROB: | | | |  | | QA: | |  | |
| RADIO: | |  | | MICROS: | | | |  | | OTH: | |  | |
| 1. **TECHNICAL TRAINING** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| From  Mon/Yr | To  Mon/Yr | Technical Trade/Service School | | | City, State | Subject &  Certificate | | | | | Year Completed | | Semester Credit Hours Per Discipline | | | | | | | | | | | | | |
|  |  |  | | |  |  | | | | |  | | CHEM: | |  | | | MICROB: | | | |  | | QA: |  | |
| RADIO: | |  | | | MICROS: | | | |  | | OTH: |  | |
| 1. **RELEVANT EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From  Mon/Yr | To  Mon/Yr | Employer Name | | | City, State | Job Title & Description | | | | | | | | | | | | | | | | | | | |  |
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| 1. **ADDITIONAL TRAINING OR EXPERIENCE, IF ANY** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| DEQ Logo 2005 | | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | | | | | | | | | | | | | | *FOR OFFICE USE ONLY* | | | | | | | | | | | | | | | | | | | |
| LELAP Lab ID No. | | | | | | | | | | | | |  | | | | | | |
| Agency Interest No. | | | | | | | | | | | | |  | | | | | | |
| EPA Lab ID | | | | | | | | | | | | |  | | | | | | |
| Mobile Lab ID | | | | | | | | | | | | |  | | | | | | |
| **PART C** | | | **QUALITY MANAGEMENT SYSTEM CHECKLIST** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |
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| Please provide documentation of the laboratory’s compliance with the applicable requirements as indicated in II, III, or IV.  *NOTE: If your checklist responses reference any quality management system documents other than the laboratory’s QA Manual or an SOP, label as “Part C” and attach to the checklist submittal. The application package must include submittal of the laboratory’s QA Manual (labeled as “Part G”) and SOPs (labeled as “Part H”).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **FACILITY IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Facility** | | |  | | | | | | | | | | | | | | | | | | | | | | | **Agency Interest No.** | | | | | | | | | |  | | | | | |  |
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| 1. **STATE-ONLY ACCREDITATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For State-only Accreditation, in accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, “Laboratory Accreditation,” complete the *LELAP Checklist* located on the LDEQ’s webpage at <https://www.deq.louisiana.gov/page/la-lab-accreditation>.  For each requirement, indicate document name, section and/or page number where laboratory’s compliance with the state requirement is documented.  ***Attach this page to your checklist and submit to LELAP as indicated on the cover page/checklist (p. 1) of this application.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **NELAP ACCREDITATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For NELAP Accreditation, in accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, “Laboratory Accreditation” and the 2016 TNI Standard, complete the *NELAP Checklist* located on the LDEQ’s webpage at <https://www.deq.louisiana.gov/page/la-lab-accreditation>.  For each requirement, indicate document name, section and/or page number where laboratory’s compliance with the NELAP requirement is documented.  ***Attach this page to your checklist and submit to LELAP as indicated on the cover page/checklist (p. 1) of this application.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **OTHER RECOGNIZED ACCREDITATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For other recognized accreditation, in accordance with all the provisions and standards of AASHTO by AAP, ISO 17025 by GAI-LAP and NVLAP, NLLP by AIHA or A2LA, NEFAP by A2LA, or AIHA Policy Module by AIHA, provide the completed checklist required by the respective accreditation body.  For each requirement, indicate document name, section and/or page number where laboratory’s compliance with the respective requirement is documented.    ***Attach this page to your checklist and submit to LELAP as indicated on the cover page/checklist (p. 1) of this application.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DEQ Logo 2005 | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | | | | | | | | | | | | | | | | | | | *FOR OFFICE USE ONLY* | | | | | | | | | | | | | | | |
| LELAP Lab ID No. | | | | | | | |  | | | | | | | |
| Agency Interest No. | | | | | | | |  | | | | | | | |
| EPA Lab ID | | | | | | | |  | | | | | | | |
| Mobile Lab ID | | | | | | | |  | | | | | | | |
| **PART D** | | **FEE PAYMENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***\*\*ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE\*\****  All LELAP application fees must be submitted to the Financial Services Division using one of the appropriate addresses listed on the cover page/checklist (p. 1) or on the fee page (p.9) of this application. Application fees are due to the Financial Services Division at the time of the application submission and every three years from the date the application was received by the LDEQ. Please see the following page for fee amounts and submittal addresses. If the correct fee amount is not submitted, a LELAP staff member will contact you.  ***NOTE: Invoiced fees must be submitted as indicated on p. 9.***  ***NOTE: No application review occurs until the LDEQ verifies that the correct fee amount has been received.***  Please provide the following information regarding your fee payment (do not submit fee with this application form). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **FACILITY IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Facility** | | |  | | | | | | | | | | | | | | | | | | | | | **Agency Interest No.** | | | | | | | | | | | |  | | | | | |  |
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| 1. **FEE PAYMENT TYPE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Check | | | Amount $ | | |  | | | Check Date | | | | |  | | | | | | | | | | | | | Check No. | | | | | | | |  | | | | | |  |
|  | Money Order | | | Amount $ | | |  | | | Money Order Date | | | | |  | | | | | | | | | | | | | Money Order No. | | | | | | | |  | | | | | |  |
|  | Online | | | Amount $ | | |  | | | Transaction Date | | | | |  | | | | | | | | | | | | | Receipt No. | | | | | | | |  | | | | | |  |
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| 1. **METHOD OF SUBMITTAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | U.S. Mail | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  |
|  | Service Carrier | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  |
|  | Hand-Delivery | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  |
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| ***Submit this page to LELAP as indicated on the cover page/checklist (p. 1) of this application.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DEQ Logo 2005 | | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART D (cont’d)** | | | **FEE PAYMENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |
| ***\*\*ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE\*\**** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **In accordance with LAC 33:I.4707.D, effective July 1, 2022, the fees associated with laboratory accreditations are as follows:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fee Category** | | | | | | | | | | **Type of LELAP Accreditation Requested** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | NELAP | | | | | | | | | | | | | | | | Other Recognized | | | | | | | | | |
| Laboratories in LA | | | Laboratories Outside LA | | | | Laboratories  in LA | | | | | | | | | | | | | Laboratories Outside LA | | | Laboratories  in LA | | | | | Laboratories Outside LA | | | | |
| Accreditation application fee payable every scope amendment and every three-year renewal | | | | | | | | | | $ | | 726 | $ | 1,089 | | | $ | | | | 1,089 | | | | | | | | | $ | 1,452 | | $ | | | | 726 | $ | | 1,089 | | |
| Per major test category per matrix payable every year | | | | | | | | | | $ | | 363 | $ | 545 | | | $ | | | | 545 | | | | | | | | | $ | 726 | | $ | | | | 363 | $ | | 545 | | |
| Minor conventional category payable every year | | | | | | | | | | $ | | 290 | $ | 435 | | | $ | | | | 435 | | | | | | | | | $ | 580 | | $ | | | | 290 | $ | | 435 | | |
| Annual surveillance and evaluation applicable to minor conventional facilities and facilities applying for only one category of accreditation | | | | | | | | | | $ | | 363 | $ | 545 | | | $ | | | | 545 | | | | | | | | | $ | 726 | | $ | | | | 363 | $ | | 545 | | |
| Annual fee for dependent mobile laboratories, per mobile laboratory | | | | | | | | | | $ | | 363 | $ | 545 | | | $ | | | | 545 | | | | | | | | | $ | 726 | | $ | | | | 363 | $ | | 545 | | |
| Interim accreditation application fee, at the discretion of the LDEQ (see LAC 33:I.4703.E) | | | | | | | | | | $ | | 1,452 | $ | 2,178 | | | $ | | | | 2,178 | | | | | | | | | $ | 2,904 | | $ | | | | 1,452 | $ | | 2,178 | | |
| Proficiency samples biannually | | | | | | | | | | to be purchased by the laboratory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bioassay/biomonitoring annually | | | | | | | | | | to be purchased by the laboratory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Third-party audit | | | | | | | | | | to be billed directly to the laboratory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **The major test category-matrices are as follows:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AE-Metals | | | | | AE-Asbestos | | | | NPW-Nutrients | | | | | | | NPW-Minor Conventional | | | | | | | | | | | | | | | | | | SCM-Radiochemistry | | | | | | | | |
| AE-Air Pollutants | | | | | BT-Metals | | | | NPW-Microbiology | | | | | | | SCM-Metals | | | | | | | | | | | | | | | | | | SCM-Asbestos | | | | | | | | |
| AE-Nutrients | | | | | BT-Nutrients | | | | NPW-Bioassay | | | | | | | SCM-Nutrients | | | | | | | | | | | | | | | | | | SCM-Geotechnical | | | | | | | | |
| AE-Microbiology | | | | | BT-Organics | | | | NPW-Organics | | | | | | | SCM-Microbiology | | | | | | | | | | | | | | | | | | SCM-Minor Conventional | | | | | | | | |
| AE-Organics | | | | | BT-Dioxins | | | | NPW-Dioxins | | | | | | | SCM-Bioassay | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| AE-Dioxins | | | | | BT-Radiochemistry | | | | NPW-Radiochemistry | | | | | | | SCM-Organics | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| AE-Radiochemistry | | | | | NPW-Metals | | | | NPW-Asbestos | | | | | | | SCM-Dioxins | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| *NOTE: New applicants: See the scope application spreadsheet to match the methods and analytes with the test category-matrix combinations to determine the total test category-matrix fee.*  *NOTE: Accredited labs: Ask your assessor for a spreadsheet of your current scope.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **All fees must be submitted to the LDEQ’s Financial Services Division using one of the following:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| *Address for U.S. Mail*  Financial Services Division  ATTN: Accounts Receivable  LA Dept. of Environmental Quality  P. O. Box 4311  Baton Rouge, LA 70821-4311 | | | | | | *Address for Service Carrier or Hand Delivery*  Financial Services Division  ATTN: Accounts Receivable  LA Dept. of Environmental Quality  Galvez Bldg. / 602 North 5th St.  Baton Rouge, LA 70802 | | | | | | | | | | | *Address for Invoiced Fees*  State of LA  Dept. of Environmental Quality  P. O. Box 733676  Dallas, TX 75373-3676 | | | | | | | | | | | | | | | | | | | *Online Payments*  https://business.deq. louisiana.gov/ | | | | | | |
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| **PLEASE NOTE:** Application fees are due to the LDEQ’s Financial Services Division at the time of the application submission and every three years from the date the application was received by the LDEQ. If invoices are issued, the fees must be paid with the payment coupon; alternatively, fees may be paid online <https://business.deq.louisiana.gov/> . Please indicate in the cover letter accompanying the hard copy of the completed Certificate of Compliance that fees were paid to the Financial Services Division. Test category-matrix fees (surveillance and evaluation fees, and NELAP accreditation fees, if applicable) are payable after the application and/or the initial audit is determined to be complete during the current fiscal year, then prior to the start of the next fiscal year. Audit fees for audits performed by LELAP personnel are due as stated in the invoice issued by the Financial Services Division. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DEQ Logo 2005 | | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | | | | | | | | | | | | | | | | *FOR OFFICE USE ONLY* | | | | | | | | | | | | | | | | | |
| LELAP Lab ID No. | | | | | | | | | | |  | | | | | | |
| Agency Interest No. | | | | | | | | | | |  | | | | | | |
| EPA Lab ID | | | | | | | | | | |  | | | | | | |
| Mobile Lab ID | | | | | | | | | | |  | | | | | | |
| **PART E** | | | **SCOPE OF ACCREDITATION REQUEST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please provide the required information to LELAP regarding the requested scope of accreditation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **FACILITY IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Facility** | | |  | | | | | | | | | | | | | | | | | | | | | | | **Agency Interest No.** | | | | | | | | | |  | | | | |  | |
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| 1. **REQUESTED SCOPE OF ACCREDITATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Selection of Matrix/Method/Analyte Combinations**   You must select the matrix/method/analyte combinations for which you are seeking accreditation. Fill out the *Scope of Accreditation Request Form* at the following location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <http://deq.louisiana.gov/index.cfm/page/71076824-A86C-2FCA-CC901431BD2C8B34>  If clicking on the above link does not take you to the request form, paste the address into the address bar of a new browser window. On the “Applying for Accreditation” screen, select *Scope of Accreditation Request Form.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *NOTE: See the* [*guidance*](http://deq.louisiana.gov/assets/docs/Lab_Accreditation/Applicant_Guidance_Document.pdf) *document for instructions on properly completing the form:* <https://www.deq.louisiana.gov/assets/docs/Lab_Accreditation/Applicant_Guidance_Document.pdf> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Label the electronic submittal of your requested scope of accreditation document “PART E” and submit to LELAP as indicated on the cover page/checklist (p. 1) of this application.***  ***AND***  ***Attach this page to the hard copy of your requested scope of accreditation document and submit to LELAP as indicated on the cover page/checklist (p. 1) of this application.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **New Field of Accreditation (FOA) Request**   If the matrix/method/analyte combination that you are seeking does not currently exist on the above *Scope of Accreditation Request Form*, then use the *New Field of Accreditation (FOA) Request Form* on p. 11. Use a request form for each new matrix/method/analyte combination requested (copy p. 11 as needed).  ***AND***  ***Submit p. 11 to LELAP as indicated on the cover page/checklist (p. 1) of this application.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| DEQ Logo 2005 | | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | | | | | | | | | *FOR OFFICE USE ONLY*  *FOR OFFICE USE ONLY* | | | | | | | | | | |
| LELAP Lab ID No. | | | | | |  | | | | |
| Agency Interest No. | | | | | |  | | | | |
| EPA Lab ID | | | | | |  | | | | |
| Mobile Lab ID | | | | | |  | | | | |
| **PART E (cont’d)** | | | **SCOPE OF ACCREDITATION - NEW FIELD OF ACCREDITATION (FOA)** **REQUEST** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Complete this form *ONLY* if your requested Matrix/Method/Analyte combination is not found in the Scopes of Accreditation selection tables at** <http://deq.louisiana.gov/index.cfm/page/71076824-A86C-2FCA-CC901431BD2C8B34>  Use a separate form for each Matrix/Method/Analyte combination (copy this page as needed). All requests will be evaluated by LELAP. Submission of request does not guarantee approval. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **FACILITY IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Facility** | | |  | | | | | | | | | | | | | |  | | **Agency Interest No.** | | | |  | | | |  | |
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| 1. **PURPOSE OF ACCREDITATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Lab intends to submit data to LDEQ to satisfy regulatory requirement(s) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Lab data is intended for other function | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **INFORMATION REGARDING REQUESTED SCOPE OF ACCREDITATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Accreditation Requested** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | State Only | | | |  | NELAP | | |  | | | Other Recognized Accreditation | | | | | | | | |  | | | | | |  |
|  | | Primary | | | |  | Primary  Secondary | | |  | | | Secondary | | | | | | | | | | | | | | | |
| **Matrix** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Potable Water | | | | | Solid Chemical Materials | | | | | | | Air Emissions | | | | | | | | Biological Tissue | | | | | | | | |
| **Method Name** | | |  | | | | | | | | | | | | | | | | | (Example: EPA 200.7) | | | | | | | | |
| **Method NELAP Code** | | |  | | | | | | | | | | | | | | | | | (Example: 10014207) | | | | | | | | |
| **Method Title or Description** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Method Revision (if known)** | | | |  | | | | | **Method Date (if known)** | | | | | | | | | | | |  | | | |  | | | |
| **Technology Used** | | |  | | | | | | | | | | | | (Example: GC-FID, Ion Selective Electrode, etc.) | | | | | | | | | | | | | |
| **Test Categories** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | **Analyte Name(s)** | | | | | | | | | | |  | | **Analyte NELAP Code(s)** | | | | | | | | | |  | | |
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| ***Submit this page to LELAP as indicated on the cover page/checklist (p. 1) of this application.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| DEQ Logo 2005 | | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | | *FOR OFFICE USE ONLY* | | | | | | |
| LELAP Lab ID No. | |  | | | | |
| Agency Interest No. | |  | | | | |
| EPA Lab ID | |  | | | | |
| Mobile Lab ID | |  | | | | |
| **PART F** | | | **CERTIFICATION OF COMPLIANCE** | | | | | | | | | | | | | | |
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| **Please indicate whether you are certifying compliance with LELAP and TNI Standard (NELAP) accreditation requirements; LELAP and other recognized accreditation requirements; OR State-only accreditation requirements by checking ONE of the boxes below.** Submit the signed original (NOT A COPY) of this form to LELAP with an initial application or an update by mail or delivery to the appropriate address as shown on the cover page/checklist (p. 1) of this application form. | | | | | | | | | | | | | | | | | |
| **Name of Facility** | |  | | | | | | |  | | **Agency Interest No.** |  | | | |  | |
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| ***CERTIFICATION OF COMPLIANCE***  ***(For Application or Update)*** | | | | | | | | | | | | | | | | | |
| I have read LAC 33:I.Subpart 3, the Louisiana Environmental Laboratory Accreditation Rule.  In accordance with that Rule, as the designated Laboratory Representative, I submit this completed certification to the Louisiana Environmental Laboratory Accreditation Program. I attest that the information in this certification is, to the best of my knowledge and belief, true and correct, and I am aware that any misrepresentations or falsifications made to the LDEQ constitute grounds for further suspension, discreditation, or denial of accreditation.    In accordance with LAC 33:I.5707, I agree to notify the Louisiana Environmental Laboratory Accreditation Program within 30 days of changes in laboratory name, laboratory representative, ownership, laboratory technical director, location, personnel, facilities, equipment, methods, and/or record keeping practices, or any other factors significantly affecting the performance of the analyses for which the laboratory was accredited.  I understand and acknowledge that the laboratory is required to be continually in compliance with: | | | | | | | | | | | | | | | | | |
| ***Check this box for state only accreditation*** | | | | **→** |  | all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, “Laboratory Accreditation” | | | | | | | | | | | |
| ***OR*** | | | |  |  |  | | | | | | | | | | | |
| ***Check this box for NELAP accreditation*** | | | | **→** |  | all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, “Laboratory Accreditation” and the 2016 TNI Standard | | | | | | | | | | | |
| ***OR*** | | | |  |  |  | | | | | | | | | | | |
| ***Check this box for other recognized accreditation*** | | | | **→** |  | all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, “Laboratory Accreditation” and all the provisions and standards of the respective accreditation body | | | | | | | | | | | |
| and that the laboratory shall be subject to suspension, revocation, and denial of accreditation in accordance with the provisions of LAC 33:I.5705.  I hereby certify that I am authorized to sign this certification on behalf of the applicant/owner and that there are no misrepresentations in my answer to the questions on this certification. | | | | | | | | | | | | | | | | | |
|  | *TYPED OR PRINTED NAMES BELOW* | | | | | |  | *SIGNATURES BELOW* | | | | | |  |  | |  |
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|  | Authorized Agent/Representative | | | | | |  | Authorized Agent/Representative | | | | | |  | Date | |  |
|  |  | | | | | |  |  | | | | | |  |  | |  |
|  | Lead Laboratory Manager/Lead Technical Director | | | | | |  | Lead Laboratory Manager/Lead Technical Director | | | | | |  | Date | |  |
|  |  | | | | | |  |  | | | | | |  |  | |  |
|  | Quality Assurance Officer | | | | | |  | Quality Assurance Officer | | | | | |  | Date | |  |
|  |  | | | | | |  |  | | | | | |  |  | |  |
| ***Submit signed original (NOT A COPY) to LELAP as indicated on cover page/checklist (p. 1) of this application form.*** | | | | | | | | | | | | | | | | |  |

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| DEQ Logo 2005 | | | | | | | | | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | | | | | | *FOR OFFICE USE ONLY* | | | | | | |
| LELAP Lab ID No. | | |  | | | |
| Agency Interest No. | | |  | | | |
| EPA Lab ID | | |  | | | |
| Mobile Lab ID | | |  | | | |
| **PART G** | | | | | | | | | | **LABORATORY QUALITY ASSURANCE (QA) MANUAL** | | | | | | | | | | | | | | | | | | |
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| Submission of your laboratory’s QA Manual is required for the following applications for primary accreditation by LELAP:   * Initial accreditation; * Renewal of accreditation; * Reaccreditation; and * Modification of scope of accreditation.   ***NOTE: Please refer to the appropriate checklist (see PART C) to ensure that your laboratory’s QA Manual contains the required information.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **FACILITY IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Facility** | | | | | | | | | | | |  | | | | | | | | | | | **Agency Interest No.** | | |  | |  |
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| 1. **APPLICATION TYPE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please Mark Application Type** | | | | | | | | | | | | | | | | | | | | **Submit QA Manual Information as Indicated Below** | | | | | | | | |
|  | | | Primary Accreditation by LELAP (NELAP or State Only) | | | | | | | | | | | | | | | | | Submission of your QA Manual IS required. | | | | | | | | |
|  | | |  | | | Initial accreditation | | | | | | | | | | | | | | ***Attach this page to your laboratory’s QA Manual and submit to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.*** | | | | | | | | |
|  | | |  | | | Renewal of accreditation | | | | | | | | | | | | | |
|  | | |  | | | Reaccreditation | | | | | | | | | | | | | |
|  | | |  | | | Modification of scope of accreditation | | | | | | | | | | | | | |
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|  | | | Secondary Accreditation by LELAP (NELAP or Other Recognized Accreditation) | | | | | | | | | | | | | | | | | Submission of your QA Manual IS NOT required at this time. *NOTE: LELAP may request this information at a later date.* | | | | | | | | |
|  | | |  | | | Initial accreditation | | | | | | | | | | | | | | ***Submit this page to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.*** | | | | | | | | |
|  | | |  | | | Renewal of accreditation | | | | | | | | | | | | | |
|  | | |  | | | Reaccreditation | | | | | | | | | | | | | |
|  | | |  | | | Modification of scope of accreditation | | | | | | | | | | | | | |
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| DEQ Logo 2005 | | | | | | | | | | | | | | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | *FOR OFFICE USE ONLY* | | | | | | |
| LELAP Lab ID No. | | |  | | | |
| Agency Interest No. | | |  | | | |
| EPA Lab ID | | |  | | | |
| Mobile Lab ID | | |  | | | |
| **PART H** | | | | | | | | | | | | | | | **LABORATORY STANDARD OPERATING PROCEDURES (SOPS)** | | | | | | | | | | | | | |
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| Submission of your laboratory’s SOPs is required for the following applications for primary accreditation by LELAP:   * Initial accreditation; * Renewal of accreditation; * Reaccreditation; and * Modification of scope of accreditation.   ***NOTE: Please refer to the appropriate checklist (see PART C) to ensure that your laboratory’s SOPs contain the required information.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **FACILITY IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Facility** | | | | | | | | | | |  | | | | | | | | | | | **Agency Interest No.** | | |  | | |  |
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| 1. **APPLICATION TYPE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please Mark Application Type** | | | | | | | | | | | | | | | | | | | | **Submit SOP Information as Indicated Below** | | | | | | | | |
|  | | Primary Accreditation by LELAP (NELAP or State Only) | | | | | | | | | | | | | | | | | | Submission of your SOPs IS required. | | | | | | | | |
|  | |  | | | Initial accreditation | | | | | | | | | | | | | | | ***Attach this page to your laboratory’s SOPs and submit to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.*** | | | | | | | | |
|  | |  | | | Renewal of accreditation | | | | | | | | | | | | | | |
|  | |  | | | Reaccreditation | | | | | | | | | | | | | | |
|  | |  | | | Modification of scope of accreditation | | | | | | | | | | | | | | |
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|  | | Secondary Accreditation by LELAP (NELAP or Other Recognized Accreditation) | | | | | | | | | | | | | | | | | | Submission of your SOPs IS NOT required at this time.  *NOTE: LELAP may request this information at a later date.* | | | | | | | | |
|  | |  | | Initial accreditation | | | | | | | | | | | | | | | | ***Submit this page to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.*** | | | | | | | | |
|  | |  | | Renewal of accreditation | | | | | | | | | | | | | | | |
|  | |  | | Reaccreditation | | | | | | | | | | | | | | | |
|  | |  | | Modification of scope of accreditation | | | | | | | | | | | | | | | |
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| DEQ Logo 2005 | | | | | | | | | | | | | | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | *FOR OFFICE USE ONLY* | | | | | | |
| LELAP Lab ID No. | |  | | | | |
| Agency Interest No. | |  | | | | |
| EPA Lab ID | |  | | | | |
| Mobile Lab ID | |  | | | | |
| **PART I** | | | | | | | | | | | | | | | **PROFICIENCY TESTING (PT) STUDIES** | | | | | | | | | | | | | |
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| Please provide copies of your laboratory’s Proficiency Testing Studies. Any alternative submittal\* must be approved in advance by LELAP. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **FACILITY IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Facility** | | | | | | | | | | | | |  | | | | | | | | | **Agency Interest No.** | | |  | | |  |
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| 1. **TYPE OF ACCREDITATION REQUEST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please Mark Accreditation Type** | | | | | | | | | | | | | | | | | | | **Submit PT Study Information as Indicated Below** | | | | | | | | | |
|  | Primary Accreditation by LELAP (State Only) | | | | | | | | | | | | | | | | | | Provide results of the most recent successful PT study for each parameter for which accreditation is requested (ONE set of study results). | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | ***Attach this page to your laboratory’s PT studies/ approved alternative\* and submit to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.*** | | | | | | | | | |
|  | Primary Accreditation by LELAP (NELAP) | | | | | | | | | | | | | | | | | | Provide results of the TWO most recent successful PT studies for each parameter for which accreditation is requested. | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | ***Attach this page to your laboratory’s PT studies/ approved alternative\* and submit to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.*** | | | | | | | | | |
|  | Secondary Accreditation by LELAP (NELAP) | | | | | | | | | | | | | | | | | | Submission of your PT study results IS NOT required at this time.  *NOTE: LELAP may request this information at a later date.* | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | ***Submit this page to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.*** | | | | | | | | | |
|  | Secondary Accreditation by LELAP (Other Recognized Accreditation) | | | | | | | | | | | | | | | | | | Submission of your PT study results IS NOT required at this time.  *NOTE: LELAP may request this information at a later date.* | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | ***Submit this page to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.*** | | | | | | | | | |
| *\* Analytical Data Package for each parameter for which there is no PT study available* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DEQ Logo 2005 | | | | | | | | | | | | | | | ***LELAP***  ***LOUISIANA ENVIRONMENTAL LABORATORY***  ***ACCREDITATION PROGRAM***  ***APPLICATION*** | | | | | | | *FOR OFFICE USE ONLY* | | | | | | |
| LELAP Lab ID No. | | |  | | | |
| Agency Interest No. | | |  | | | |
| EPA Lab ID | | |  | | | |
| Mobile Lab ID | | |  | | | |
| **PART J** | | | | | | | | | | | | | | | **CERTIFICATE AND SCOPE (FOR SECONDARY ACCREDITATION REQUESTS, ONLY)** | | | | | | | | | | | | | |
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| ***NOTE: This section pertains only to applicants who are requesting secondary accreditation from LELAP.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For secondary accreditation by LELAP, copies of your current certificate and scope of accreditation issued to your facility from your primary accreditation body must be provided to LELAP.  *NOTE: You must arrange for these copies to be issued directly from the Primary Accreditation Body to LELAP.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I. FACILITY IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Facility** | | | | | | | | | | | | | |  | | | | | | | | **Agency Interest No.** | | |  | | |  |
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| 1. **SECONDARY ACCREDITATION REQUEST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | This application is for secondary accreditation by LELAP | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Copies of the laboratory’s certificate and scope of accreditation will be sent to LELAP directly from the Primary | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accreditation Body: | | | | | | | | | | | | | | |  | | | | | | | | |  | |
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| ***Submit this page to LELAP as indicated on the cover page/checklist (p. 1) of this application.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |