# **LABORATORY ASSESSMENT REQUEST FORM**

# Environmental Laboratory Accreditation Program

This form is ***for use by laboratories requesting an assessment be performed by the California Environmental Laboratory Accreditation Program (ELAP)***. In order to be eligible to have an assessment performed by ELAP, the laboratory must:

1. Be physically located within California
2. Not be requesting assessment of any of the following:
	1. gas chromatography/mass spectrometry (GC/MS),
	2. inductively coupled plasma spectrometry (ICP),
	3. inductively coupled plasma/mass spectrometry (ICP/MS),
	4. liquid chromatography/mass spectrometry (LC/MS),
	5. atomic absorption spectrophotometry (AA),
	6. gas chromatography (GC),
	7. alpha particle or gamma ray spectrophotometry,
	8. electron microscopy (EM),
	9. polarized light microscopy (PLM),
	10. high pressure performance liquid chromatography (HPLC),
	11. bioanalytical assays (This does not include ELAP FOA Table 113:Environmental Toxicity Methods), or
	12. advanced molecular methods.

Any laboratory utilizing the analytical instruments, detection systems, and/or preparation techniques listed above must have its assessment performed by a third-party assessment agency (California Code of Regulations [CCR] Section 68401.00).

Note: If requesting assessment of multiple laboratories, a separate Laboratory Assessment Request Form must be submitted for each.

## PART A – TYPE OF ASSESSMENT

Select all that apply.

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| **Initial Assessment** | [ ]  Main laboratory [ ]  Mobile laboratory (as Main laboratory) |
| **Renewal Assessment** | [ ]  Main laboratory [ ]  Mobile laboratory (as Main laboratory)[ ]  Satellite or mobile laboratory under a Main laboratory accreditation |
| **Amendment Assessment** | [ ]  Addition or Reinstatement of Field(s) of Accreditation [ ]  Addition of a satellite or mobile laboratory under a Main laboratory accreditation[ ]  Change in laboratory location  |

## PART B – MAIN LABORATORY INFORMATION

Fill out this section for all requests.

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| **Name of Laboratory**: |
| **Existing ELAP Certificate Number** *(if applicable):* |
| **Laboratory Address** *(physical location):* |
| Street: |
| City: State**:** CA Zip: |
| **Laboratory Mailing Address** *(if different from Physical Location):* |
| Street: |
| City: State: Zip: |
| County: |
| **Is this a Mobile Laboratory?**[ ]  Yes[ ]  No**If this is a Mobile Laboratory:**Vehicle Make: Vehicle License #: Model: State of Registration: Vehicle ID #: |
| **Laboratory Owner**: |
| **Laboratory Contact Person**: |
| **Contact Email**:  |
| **Contact Phone Number**: |
| **Laboratory Type** *(select one):* [ ]  Commercial [ ]  Federal[ ]  State[ ]  County[ ]  City[ ]  Public water system[ ]  Public wastewater system[ ]  Recycling Facility[ ]  Academic Institute[ ]  Hospital or health care[ ]  Industrial (with NPDES permit only)[ ]  Other: |
| **State Regulatory Agency the Laboratory Reports to** *(select all that apply):*[ ]  Division of Drinking Water[ ]  State Water Resources Control Board[ ]  Regional Water Quality Control Board(s): [ ]  Department of Toxic Substances Control[ ]  Department of Conservation[ ]  Other:  |
| **Number of Full-time Technical Employees**: |
| **Number of Part-time Technical Employees**: |

## PART C – MOBILE OR SATELLITE LABORATORY UNDER A MAIN LABORATORY ACCREDITATION

Fill out this section if requesting a renewal or amendment assessment of a mobile or satellite laboratory that falls under a main laboratory accreditation.

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| **Name of Laboratory**: |
| **Laboratory Address** *(physical location):* |
| Street: |
| City: State**:** CA Zip: |
| **Laboratory Mailing Address** *(if different from Physical Location):* |
| Street: |
| City: State: CA Zip: |
| County: |
| **Is this a Mobile Laboratory?**[ ]  Yes[ ]  No**If this is a Mobile Laboratory:**Vehicle Make: Vehicle License #: Model: State of Registration: Vehicle ID #: |
| **Laboratory Owner**: |
| **Laboratory Contact Person**: |
| **Contact Email**:  |
| **Contact Phone Number**: |
| **Number of Full-time Technical Employees**: |
| **Number of Part-time Technical Employees**: |

## PART D – FIELDS OF ACCREDITATION (FOA) TABLES

For initial assessment requests – populate the FOA tables with all FOAs the laboratory wants to have assessed by placing a (Y) in the appropriate column.

For renewal assessment requests only – FOA tables are not required. No changes can be made to the laboratory’s existing FOAs during a renewal assessment.

For amendment assessment requests –

* Addition or reinstatement of FOAs - select only the FOA(s) you want to add or have reinstated.
* Adding a mobile or satellite laboratory under a main laboratory – select all FOAs the mobile/satellite laboratory will be running for regulatory purposes
* Change of location – select all FOAs the laboratory will pursue accreditation for.

Submit the Field(s) of Accreditation tables in two formats:

1. Submit the populated Field(s) of Accreditation tables as Excel files so that we can directly upload the requested FOA(s) to ELAP’s database.
2. Print the forms, sign in the signature space at the bottom of each form, scan, and submit each electronically.

## PART E – ASSESSMENT FEE

Laboratories must pay an assessment fee in accordance with CCR Section 64802.25. An invoice will be sent when the assessment date is scheduled. Please do not pay the assessment fee before receiving an invoice or combine the assessment fee with the laboratory’s accreditation fee. Select all fees that apply.

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| **Initial Assessment** | [ ]  Main laboratory ($6,500)[ ]  Mobile laboratory (as Main laboratory) ($6,500) |
| **Renewal Assessment** | [ ]  Main laboratory ($6,500)[ ]  Mobile laboratory (as Main laboratory) ($6,500)[ ]  Satellite or mobile laboratory under a Main laboratory accreditation ($3,250 each)[ ]  Renewal Assessment ***plus*** Amendment Assessment for Reinstatement of Field(s) of Accreditation ($7800) |
| **Amendment Assessment** | [ ]  Addition or Reinstatement of Field(s) of Accreditation as Standalone Items ($6500)[ ]  Addition of a satellite or mobile laboratory under a main laboratory accreditation ($3250)[ ]  Change in laboratory location ($6,500) |

## PART F – SIGNATURE / SUBMITTAL

Submit the ELAP Assessment Request Form and Fields of Accreditation forms to elapca@waterboards.ca.gov with the subject line: “[TYPE of ASSESSMENT] Assessment Request – LAB NAME, Certificate #xxxx”. For example: “Renewal Assessment Request – ABC Laboratory, Certificate #1234”. The certificate number is not required for initial assessment requests.

The owner, owner’s agent, or corporate officer authorized to act on behalf of the laboratory, is authorized to sign and submit this document and certifies that all information contained within is true and accurate.

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| **Name of Representative Submitting Request**:  |
| Signature: Date: |