

FORM 3 - MANAGEMENT SUMMARY -

IHLAP/ELLAP/EMLAP/FoodLAP/Unique Scopes/Be Field/Mobile

INSTRUCTIONS – Before completing Form 3, please refer to Policy Module 2A.

For laboratories applying for ELLAP recognition, please refer to LQSR, Section 4.1 (paint, soil, dust wipes).

In the spaces below, indicate the name, internal title and the internal function for all laboratory key personnel, for each program (e.g. IHLAP, ELLAP, EMLAP, etc). If the same individual performs more than one of the indicated functions, list the individual's name as often as necessary. Each individual listed below must appear on the laboratory's organizational chart or description (however defined), which is requested as an attachment (6A.3) within Form 6A, "General Quality Assurance".

PLEASE INDICATE PERSONNEL CHANGES (ADDITIONS/DELETIONS) FROM THE LAST ON-SITE ASSESSMENT WITH AN ASTERISK.

For each individual listed within the table below (Form 3), the laboratory must also include a completed Form 4, "Management - Documentation of Experience". Please review the Laboratory Accreditation Policy Modules for any educational and experience qualifications required for management positions in the accreditation program(s) for which the laboratory is applying.

AIHA LAP. PROGRAM	NAME	LABORATORY KEY PERSONNEL TITLE	INTERNAL FUNCTION
e.g – IHLAP	Jane Smith	Laboratory Manager	Manager & Analyst

FORM 4 - MANAGEMENT - DOCUMENTATION OF EXPERIENCE
IHLAP / ELLAP / EMLAP / FoodLAP / Unique Scopes / Be Field/Mobile

INSTRUCTIONS: Complete this form for each individual (not position) listed on Form 3, "Management Summary". Please do not attach a resume.

For laboratories applying for ELLAP recognition, please refer to LQSR, Section 4.1 (paint, soil, dust wipes).

Name:	
Telephone No:	E-mail:
Accreditation Program (Example: IHLAP):	Laboratory Key Personnel Title (Example: Technical Manager):
Accreditation Program:	Laboratory Key Personnel Title (Example: Technical Manager):
Accreditation Program:	Laboratory Key Personnel Title (Example: Technical Manager):
Percentage of laboratory operating hours available during a normal workweek: %	

Educational Degrees

<input type="checkbox"/> BS/BA	Year Earned:	Institution:	Major:
<input type="checkbox"/> MS/MA	Year Earned:	Institution:	Major:
<input type="checkbox"/> PhD	Year Earned:	Institution:	Major:

Certifications

ABIH Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Number:		
Other professional certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:		
Type of Certification:	Certification Body:	Certification Number, if applicable:
Type of Certification:	Certification Body:	Certification Number, if applicable:

DUPLICATE PAGE AS NECESSARY. Note: Form 4 continues on next page.

**FORM 4 - MANAGEMENT - DOCUMENTATION OF EXPERIENCE - IHLAP/ELLAP/EMLAP/FoodLAP/
UniqueScopes/Be Field/Mobile**
(Continued from previous page)

Name: _____

INSTRUCTIONS: Complete the tables below to describe all relevant analytical, management, or field experience. Include the types of samples analyzed (air, aqueous, bulk, soil, paint, etc.) and the instrumentation used. The information must align with the information on the previous page.

ELLAP Technical Managers must meet requirements in LQSR, Section 4.1 (paint, soil, dust wipes).

Places of Employment	Dates of Employment	Duties and Responsibilities <i>(Categories of analyses and/or analytes; matrices; instruments used; position: field, analyst, management)</i>	Estimated Hours per Program (typical # of hours/year = 2,000)					
			IH	Lead	Env. Micro	Unique Scope	Food	Other* <i>explain if relevant</i>

*If other, specify the type of laboratory work, e.g., research, clinical, forensics, micro-analytical, wastewater, and solid waste

Documented Education/Training: The table below is for the documentation of education/training.

Training Course Name	Training Course Provider	Brief Description of Course	Approximate Dates