**AIHA Laboratory Accreditation Programs, LLC**

## Application for

## Laboratory Accreditation

**Revised: November 8, 2019**

### Effective: November 8, 2019

AIHA Laboratory Accreditation Programs, LLC

3141 Fairview Park Drive, Suite 777

Falls Church, VA 22042

Phone: (703) 846-0736 Fax: (703) 207-8558

[www.aihaaccreditedlabs.org](http://www.aihaaccreditedlabs.org)

# INSTRUCTIONS/AGREEMENT

Ensure you are using the most current version of the application and that it aligns with the current AIHA LAP, LLC Policy Modules. Out-of-date versions of the application will not be accepted.

1. The laboratory must purchase International Standard ISO/IEC 17025:2017, “General Requirements for the Competence of Testing and Calibration Laboratories” and provide evidence of ownership of this document prior to applying for accreditation. See Attachment 6A.1 and Form 9 of this application.
2. **For initial laboratories only**: Prior to submission of this application, the laboratory must submit Form 9 and/or proof of purchase of the ISO/IEC 17025:2017 standard or other applicable requirements and if necessary, request a copy of the current AIHA LAP, LLC Site Assessment Checklist.
3. Completion of indicated sections of the Site Assessment Checklist and submission of the completed Checklist with the application is required; see Attachments 6A.2 and 6A.8 of this application.
4. [Contact](http://www.aihaaccreditedlabs.org/AboutUs/Leadership/Pages/Contact-Us.aspx) the Manager of Operations for information on accreditation fees.
5. Read all instructions carefully.
6. A complete and concise application will expedite the accreditation process.
7. A complete listing of terms and acronyms is located in Policy Module 9.
8. The laboratory must be familiar with and comply with all relevant AIHA LAP, LLC Policy Modules and ISO/IEC 17025:2017.
9. The current version of the Policy Modules is available on the AIHA LAP, LLC web site located at: <http://www.aihaaccreditedlabs.org>.
10. The AIHA LAP, LLC Policies are comprised of specific modules, outlining general quality system requirements, program-specific technical requirements, and proficiency testing requirements. The laboratory must comply with all of the policies related to the scope of accreditation being sought prior to initiating the application process.
11. Attention must be given to Module 2A and the program-specific policy modules (2B-2F) for the program(s) for which the laboratory is applying.
12. It is strongly recommended that laboratories complete an internal audit using the AIHA LAP, LLC Site Assessment Checklist in order to determine their compliance to ISO/IEC 17025:2017 and AIHA LAP, LLC requirements prior to submitting their application.
13. A description of the accreditation process (with timelines) is included in Policy Module 3. Laboratories are expected to become familiar with the accreditation process before submitting an application to AIHA LAP, LLC. Per Policy 3.1 - Laboratories that fail to complete all the requirements for accreditation for any or all selected FoT(s) within twelve (12) months from the date of receipt of the application by AIHA LAP, LLC will have their application for the FoT(s) not meeting accreditation requirements removed from consideration. Per Policy 3.12.1, the reaccreditation process is similar to the initial accreditation process, except that the process must be completed before the expiration date of the current accreditation(s) and failure to submit a complete application may result in suspension of accreditation(s).
14. Laboratories must submit the application and attachments, electronically. Application materials should be uploaded through AIHA LAP’s secure site: <http://www.aihaaccreditedlabs.org/filetransfers/Pages/default.aspx>

Applications will be accepted via email, however please be aware that email size limitations are in place, so large files (5MB and greater) will need to be sent in multiple emails.

1. If you do not receive confirmation of your application submission within two weeks, contact AIHA LAP, LLC.
2. Compile the completed application and clearly labeled attachments, in chronological order, into a single application package. Some methods of accomplishing this task may be a bookmarked PDF document, a hierarchical folder system, etc. (see “Instructions for Forms 6A – 6F” section C). It is preferable that the Attachments be submitted as “text searchable” documents. AIHA LAP, LLC will not attempt to interpret the documents submitted, so be certain that the documents are clearly labeled for each attachment.
3. International laboratories should ensure that all application forms, and lab policies and procedures are submitted in English.

1. The laboratory must submit all requested attachments. The application includes forms for all AIHA LAP, LLC programs. Please see Table of Contents to determine which forms to complete. Failure to submit the appropriate attachments initiates requests for more information, which delays the accreditation process. Policy 3.3.2 and Policy 3.3.3: The AIHA LAP, LLC staff shall have twenty (20) business days to complete the application review upon receipt and, if requested, the laboratory shall supply all requested information to complete the application within thirty (30) business days.
2. Attachments are required, as specified on Forms 6A through 6F.
3. Attachments must be complete and clearly labeled as required on Form 6.
4. Please delete all forms that the laboratory is not required to complete before submitting the application to AIHA LAP, LLC.
5. Each of the pages of the Application, and all Attachments thereto, are incorporated by reference herein and are made a part hereof.
6. Your submission of this Application and Agreement constitutes your offer to be legally bound. The Application and Agreement shall be governed by the laws of the Commonwealth of Virginia

Once this Application and Agreement is accepted by AIHA Laboratory Accreditation Programs, LLC,as signified by delivery of a written acceptance, this shall constitute a legally binding agreement and each party acknowledges and agrees to be legally bound.

Any signature (including any electronic symbol or process attached to, or associated with, this Application or any Form by a party with the intent to sign, authenticate or accept this Application or any Form) hereto or to any other attachment, or document related to this Application, and any contract formation or record-keeping through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based recordkeeping system to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Virginia Uniform Electronic Transactions Act, or any similar state law, and the parties hereby waive any objection to the contrary.

|  |  |
| --- | --- |
| Printed Name: | Title: |
| Signed: | Date: |

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## FORM 1A – GENERAL INFORMATION

|  |  |  |
| --- | --- | --- |
| **Date:**  | **Please check appropriate box(es):****[ ]  Initial****[ ]  Reaccreditation****[ ]  FoT Addition****[ ]  Pre-Assessment****[ ]  Transfer of Accreditation** | **Lab is seeking accreditation in:****[ ]  IHLAP****[ ]  ELLAP****[ ]  EMLAP****[ ]  Unique Scopes** **[ ]  FoodLAP**  |
| **Number of Methods to be Accredited:****Less than 75 [ ]** **75 or more [ ]**  |
| **Is the Laboratory seeking accreditation under:****[ ]  Option A [ ]  Option B** (Note: If choosing Option B please provide the report and any other pertinent documentation.) |
| **Laboratory Name** *(listed on the certificate and scope of accreditation)***:** | **Laboratory ID** *(If not assigned,* [*contact*](http://www.aihaaccreditedlabs.org/AboutUs/Leadership/Pages/Contact-Us.aspx) *the Manager of Operations)***:**  |
| **Company Name** *(If different from laboratory name. Indicate relationship of Laboratory to larger corporate entity, if any)***:** | **Street Address and phone number** (listed on the certificate and scope of accreditation):*(i.e., physical location covered by the scope of accreditation, P.O. Boxes* ***not*** *acceptable):* |
| **Website Address** *(if applicable)***:**  | **Locations where Lab ID Symbol is used** *(i.e., report, brochure, website)***:**  |
| **Owner(s)** *(If privately held)* **and Legal Status** *(e.g., “wholly owned subsidiary”)***:**  | **Mailing Address** *(If different from street address, P.O. Boxes* ***are*** *acceptable)***:**  |
| **Primary Contact Name**:  | **Billing Address** *(if different from street address)***:**  |
| **Primary Contact Title:** | **Billing Contact Name:** |
| **Primary Contact Telephone Number:** | **Billing Contact Telephone Number:** |
| **Primary Contact E-Mail Address:** | **Billing Contact E-Mail Address:** |
| **Is the laboratory currently under investigation or suspension by a governmental or private accreditation /certification agency?** **[ ]**  Yes **[ ]**  NoIf yes, attach a separate sheet describing the dates and circumstances of the investigation or suspension and discuss any applicable corrective actions. | **Check the laboratory type and/or type of activities that apply to this application** *(Please note that each laboratory/facility type requires a separate application)***:****[ ]**  Fixed Site Laboratory **[ ]**  Field Sampling Activities **[ ]**  Mobile Laboratory**[ ]**  Field Operations Laboratory |
| Has the laboratory previously applied for AIHA LAP Accreditation? **[ ]**  Yes **[ ]**  No |
| **Laboratory Type:****[ ]**  Commerce (fee for service) **[ ]** Academia **[ ]**  Navy **[ ]**  Other Government **[ ]**  Other (explain: ) **Has the laboratory ever been accredited to ISO/IEC 17025 by AIHA LAP or another accrediting body?** **[ ]**  Yes **[ ]**  No If yes, please indicate the accrediting body, certificate number, expiration dates and programs for which accreditation is held. **For international applicants, please attach a statement as to why you are seeking accreditation from AIHA LAP, LLC.** |

# FORM 1B – SPECIAL REQUIREMENTS FOR ASSESSMENT

|  |
| --- |
| Please note below any special requirements that AIHA LAP, LLC should be aware of while arranging for your site assessment. If there are any other special requirements not specifically listed, please describe them under “Other”. |
| **Contractual P/O Requirements (i.e., indicate if terms of PO that require SA to supply receipts to your organization)?** |  |
| **Safety Requirements (e.g., training)?** |  |
| **Security Requirements (e.g., clearance levels, security check-in, and anticipated delays)?** |  |
| **Can the assessor bring a laptop computer on-site? Will an Internet Connection be available on-site?** |  |
| **Can the assessor park a car on-site? Any special parking arrangements?** |  |
| **Should the assessor contact the laboratory before making lodging arrangements for special rates, etc.?** |  |
| **Normal hours of operation (e.g., 8am–5pm, Monday–Friday):** |  |
| **Are there any other requirements we should be aware of? Please specify.** |  |

#

# FORM 2

#  METHODS & PT PARTICIPATION PLAN INSTRUCTIONS

# General (All Programs):

# For each Field of Testing for which you are applying, please list all internal method numbers and the corresponding published reference method, if available. If more space is needed, the cells will expand to accommodate each method listed. If more space is needed to capture methods not defined on the form, please add lines to the table.

# Each published method reference should be listed individually (“Various NIOSH and OSHA Methods” is not sufficient).

# Include both analytical and preparation methods.

# List the PT participation plan for each Field of Testing or method (refer to Policy Module 6 and the Scope/PT Table on the AIHA LAP, LLC website).

# For FoT additions at the time of assessment, not included on the laboratory’s Form 2 upon application submission, the laboratory must first give sufficient notice (a minimum of ten (10) business days) notice, subject to agreement by the assessor.

# PLEASE INDICATE CHANGES (ADDITIONS/DELETIONS) FROM THE LAST ON-SITE ASSESSMENT.

* Note any deletions in RED
* Note any additions in GREEN

# Program-Specific Instructions:

# IHLAP

# A laboratory may add a FoT to an existing Core Scope category via FoT application. Those FoTs outside an already accredited Core Scope category will be submitted to site assessor review to determine if a site visit is necessary.

# Unique Scopes

# Please list all analyte(s) with corresponding internal method number(s) as above.

# FoodLAP

# Please list the Field of Testing/Matrix for which you are applying as above.

[Please click here to download your Form 2 – Program Specific Methods & PT Plan](https://www.aihaaccreditedlabs.org/forms)

# FORM 3 - MANAGEMENT SUMMARY - IHLAP/ELLAP/EMLAP/FoodLAP/Unique Scopes

###### 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, LLC PROGRAM | NAME | LABORATORY KEY PERSONNEL TITLE | **INTERNAL FUNCTION** |
| *e.g – IHLAP*  | *Jane Smith* | *Laboratory Manager* | *Manager & Analyst* |
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# FORM 4 - MANAGEMENT - DOCUMENTATION OF EXPERIENCE

# IHLAP / ELLAP / EMLAP / FoodLAP / Unique Scopes

**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**

|  |  |  |  |
| --- | --- | --- | --- |
| **[ ]**  BS/BA | Year Earned: | Institution: | Major: |
| **[ ]**  MS/MA | Year Earned: | Institution: | Major: |
| **[ ]**  PhD | Year Earned: | Institution: | Major: |

**Certifications**

|  |
| --- |
| ABIH Certified? **[ ]**  Yes **[ ]** No*If yes, Number:*  |
| Other professional certifications? **[ ]**  Yes **[ ]** 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/Unique Scopes

*(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***(Categories of analyses and/or analytes; matrices; instruments used; position: field, analyst, management)* | **Estimated Hours per Program** **(typical # of hours/year = 2,000)** |
| **IH**  | **Lead** | **Env. Micro** | **Unique Scope**  | **Food** | **Other\****explain if relevant*  |
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**\*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** |
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# FORM 5A - ANALYSTS

**Industrial Hygiene Laboratory Accreditation Program (IHLAP)**

**INSTRUCTIONS:** List all analysts performing industrial hygiene analyses pertinent to this application. Please enter the total number of years of experience for all laboratory work in the “Total Years Laboratory Experience” column and applicable years of relevant work experience in the inorganic, organic, and asbestos columns.

|  |  |  |  |
| --- | --- | --- | --- |
| **Analyst Name** | **Job Function** | **Highest Level of Education & Degree Concentration** (e.g., BS Chemistry) | **Analyst Experience****(enter years of experience in each Scope Category as defined on the Scope/PT Table)** |
| TOTAL Lab Experience | Asbestos / Fiber Microscopy | Beryllium | Chromatography | Compressed / Breathing Air | Misc. | Phama | Spectrometry |
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| **Explanatory Statement(s), if needed:** |

 **DUPLICATE THIS FORM AS NECESSARY.**

# FORM 5B - ANALYSTS/TECHNICIANS

**Environmental Lead Laboratory Accreditation Program (ELLAP)**

*(General Requirements for Lead in Paint, Soil, Dust Wipes: LQSR 5.2.1.1)*

**INSTRUCTIONS:** List all analysts/technicians performing environmental lead analyses pertinent to this application. Please enter the total number of years of experience for all laboratory work in the “Total Years Laboratory Experience” column. In the “Metals Analyst/Technician Experience” column, indicate the number of years of metals experience in each discipline.

|  |  |  |  |
| --- | --- | --- | --- |
| **Analyst/Technician Name** | **Job Function** *(Please include “A” for Analyst or “T” for Technician)* | **Highest Level of Education & Degree Concentration** (e.g., BS Chemistry) | **Metals Analyst/Technician Experience** **(enter years of experience in each Scope Category as defined on the scope/PT Table)** |
| **TOTAL Lab Experience** | **Prep** | **ICP** | **AA** | Other\* |
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**\*If other metals analysis techniques were used (e.g., anodic stripping voltammetry (ASV), Portable stripping Voltammetry (PSV), XRF, Colorimetric) indicate the type, years of experience, and training in the clarification statements section below.**

|  |
| --- |
| **Explanatory Statement(s), if needed:**  |

**DUPLICATE THIS FORM AS NECESSARY.**

# FORM 5C - ANALYSTS/TECHNICIANS

**Environmental Microbiology Laboratory Accreditation Program (EMLAP)**

**INSTRUCTIONS:** List all analysts/technicians performing environmental microbiological analysis pertinent to this application. In the “Total Years Laboratory Experience” column, write the total number of years of experience in all types of laboratory work. In the “Microbiology Analyst/Technician Experience” column, indicate the number of years of microbiology experience in each discipline.

|  |  |  |  |
| --- | --- | --- | --- |
| **Analyst/Technician Name** | **Job Function** *(Please include “A” for Analyst or “T” for Technician)* | **Highest Level of Education & Degree Concentration** (e.g., BS Chemistry) | **Microbiological Analyst/Technician Experience** **(enter years of experience in each Scope Category as defined on the scope/PT Table)** |
| **TOTAL Lab Experience** | **Bacterial**  | Fungal  | **Molecular** |
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| **Explanatory Statement(s), if needed:** |

 **DUPLICATE THIS FORM AS NECESSARY.**

# FORM 5D - ANALYSTS

**Unique Scopes Laboratory Accreditation Program**

**INSTRUCTIONS:** List all analysts performing analyses pertinent to this application. Please enter the total number of years of experience for all laboratory work in the “Total Years Laboratory Experience” column and applicable years of relevant work experience in the analyst/technician experience column(s), as appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Analyst Name** | **Job Function**  | **Highest Level of Education & Degree Concentration** (e.g., BS Chemistry) | **Analyst/ Experience****(enter years of experience in each Scope Category as defined on the scope/PT Table)** |
| **TOTAL Lab Experience** | **Cannabis** | **CPSC** | **Other:** **\_\_\_\_\_\_\_\_\_\_** | **Other:** **\_\_\_\_\_\_\_\_\_\_** |
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| **Explanatory Statement(s), if needed:** |

 **DUPLICATE THIS FORM AS NECESSARY.**

# FORM 5E - ANALYSTS

**Food Laboratory Accreditation Program (FoodLAP)**

**INSTRUCTIONS:** List all analysts performing food analyses pertinent to this application. In the “Total Years Food Laboratory Experience” column, write the total number of years of experience in all types of laboratory work. In the “Food Analyst/Technician Experience” column, indicate the number of years of Food experience in each discipline.

|  |  |  |  |
| --- | --- | --- | --- |
| **Analyst Name** | **Job Function** | **Highest Level of Education & Degree Concentration** (e.g., BS Chemistry) | **Food Analyst Experience and Training****(enter years of experience in each Scope Category as defined on the scope/PT Table)** |
| **TOTAL Lab Experience** | **Chemistry** | **Functional**  | **Microbiology**  | **Molecular** | **Rheology / Physical** | **Sensory** | **Toxicology**  |
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| **Explanatory Statement(s), if needed:** |

 **DUPLICATE THIS FORM AS NECESSARY.**

# INSTRUCTIONS

# FORMS 6A THROUGH 6F – GENERAL AND PROGRAM-SPECIFIC REQUIREMENTS

OVERVIEW:

* Forms 6A through 6F are designed to assist the laboratory in becoming familiar with the requirements of AIHA-LAPAIHA LAP, LLC program(s) for which the laboratory is applying. Information requested on these forms will also help the site assessor to prepare for the on-site assessment of the laboratory.
* All laboratories applying for initial accreditation, reaccreditation, or a field of testing addition are required to submit the attachments as specified in Form 6A, General Quality Assurance Requirements.
* Forms 6B through 6F address the program-specific requirements and attachments to be submitted for each of the individual accreditation programs for which the laboratory is applying.
* The laboratory must submit the attachments as specified in Form 6A (General QA requirements) and program-specific Forms 6B through 6F, as applicable.

**INSTRUCTIONS**

1. Consult the AIHA-LAPAIHA LAP, LLC Policy Modules located [here](https://www.aihaaccreditedlabs.org), each of which is incorporated by reference herin and is made a part hereof.

1. The policy numbers included on Forms 6A through 6F correspond to the policy numbers in the AIHA-LAPAIHA LAP, LLC Policy Modules and/or ISO/IEC 17025:2017.

1. Before completing this section of the application, the laboratory should read each applicable laboratory accreditation policy module carefully to ensure that the laboratory is in full compliance with all applicable program policies.
2. Attach an example of an actual, completed record for the “submission example required” – as specified by a ”X” in the “Initial,” “Reaccreditation” and/or “FoT Addition” columns to document that the laboratory is in full compliance.
3. If the laboratory is not in compliance, then the laboratory should stop the application process and review and revise its procedures and practices as necessary. AIHA-LAPAIHA LAP, LLC suggests using the site assessor checklist as part of internal auditing.
4. All required attachments submitted with the application must be in conformance with the current accreditation program policies prior to a site assessor being sent to the applicant laboratory. The site assessor will not schedule a site assessment of the laboratory until the submitted information indicates that the laboratory is in compliance and prepared for the site assessment.
5. Several entries may require multiple attachments for the same topic depending on the laboratory’s analytical activities.
6. Highlighting or underlining portions of the attachment that demonstrate compliance with the applicable policy is recommended.
7. Do not attach documentation that is not requested.
8. **Electronic Submissions:** AIHA-LAPAIHA LAP, LLC requires electronic submissions of applications and all attachments. Application sections shall be clearly organized and easily identifiable and navigable. Failure to clearly mark sections using methods such as electronic bookmarks or a hierarchical file system will result in the application being returned to the laboratory.
9. The document “Onsite Document and Records Review List” (located at: <http://www.aihaaccreditedlabs.org>) lists some of the additional documents and records that will be evaluated by the site assessor for conformance to the policy requirements during the laboratory’s site assessment. Unlike the site assessment checklist, the laboratory is not required to submit the documentation requested within the Onsite Document and Records Review List with the formal application; however, it is recommended that the requested documentation be organized and readily available to the site assessor upon arrival to the laboratory in order to expedite the site assessment process. For those organizations whose records are in electronic form only, a work station must be provided for the assessor’s review process; otherwise, printed copies will be requested on-site.

# FORM 6A

# GENERAL QUALITY ASSURANCE REQUIREMENTS *(Policy Module 2A)*

| **Policy Topic** | **Attachment Number** | **Submission Examples Required** | **AIHA LAP Policy or ISO Reference** | **Initial**  | **Reaccreditation** | **FoT Addition** |
| --- | --- | --- | --- | --- | --- | --- |
| **ISO/IEC 17025** | **6A.1** | Proof of purchase (e.g., receipt or a signed affidavit stating that the laboratory purchased ISO/IEC 17025).See Form 9 for the affidavit. Required to obtain the checklist for submission 6A.2 below. | **All** | **X** | X | X |
| Site Assessment Checklist | **6A.2** | Current revision of the AIHA LAP, LLC Site Assessment Checklist with specific reference to laboratory-controlled document, section and/or page number, as applicable, for required policies, procedures and plans indicated with an asterisk (\*) in the comments section of the checklist. | **All** | **X** | **X** |  |
| Organization Chart | **6A.3** | A copy of the laboratory’s current organization chart or description of the organization and management structure with the relationships between management and support personnel with personnel names. | **ISO 5.1, 5.5 a), 5.5 b)** | **X** | **X** | **X** |
| **Document Control** | **6A.4** | A copy or description of the laboratory's document control procedure/process. | **ISO 8.3.1** | **X** |  **X** |  |
| **Document Control** | **6A.5** | A list of controlled documents. | **ISO 8.3.2** | **X** | **X** | **X** |
| **Nonconforming work / Corrective Action** | **6A.6** | A copy of the laboratory's nonconforming work procedure.A copy or description of the laboratory’s corrective action procedure/process. | **ISO 7.10.1, ISO 8.7.1**  | **X** | **X** |  |
| **Improvements** | **6A.7** | A copy or description of the laboratory’s improvement procedure/process. | **ISO 8.6** | **X** | **X** |  |
| **Risks and Opportunities** | **6A.8** | A description of how the laboratory addresses risk and opportunities in carrying out its activities | **ISO 8.5** | **X** | **X** |  |
| **Internal Audit** | **6A.9** | A copy of the most recent annual internal audit findings. | **ISO 8.8****2A.8.8.1** | **X** | **X** |  |
| **Management Review** | **6A.10** | A copy of the laboratory’s most recent annual management review findings. | **ISO 8.9****2A.8.9.1** | **X** | **X** |  |
| **Facilities** | **6A.11** | Laboratory Floor Plan | **ISO 6.3**  | **X** | **X** | **X** |
| **Test Methods** | **6A.12** | An internal test method/SOP for each field of testing (FoT) within the laboratory’s scope of accreditation  | ISO 7.2.1  | **X** | **X****(Required when applying for FoT not previously accredited)** | **X** |
| **Traceability** | **6A.13** | A copy or description of the laboratory’s procedure/process for demonstrating metrological traceability. | **ISO 6.5** | **X** | X | X |
| **Measurement Uncertainty** | **6A.14** | A copy or description of the laboratory’s procedure/process for the evaluation of measurement uncertainty. | **ISO 7.6**  | **X** | X | X |
| **Proficiency Testing**  | **6A.15** | Initial: One passing round of data for each FoT in accordance with Policy Module 6 and the Scope/PT Table.Reaccred: Two rounds of data for each FoT in accordance with Policy Module 6 and the Scope/PT Table. If applying for FoodLAP w/AOAC recognition, please submit a 4 year PT plan. [Contact](http://www.aihaaccreditedlabs.org/) any staff member for this form. | **Module 6** | **X****(one passing round per FoT)** | **X****(two rounds per FoT)** | **X** |

# FORM 6B

# QUALITY ASSURANCE - IHLAP *(Policy Module 2B)*

| **Policy Topic** | **General Accreditation Requirements** |
| --- | --- |
|  | **Sub-Topic** | **Attachment Number** | **Submission Examples Required** | **AIHA LAP Policy Reference** | **Initial** | **Reaccreditation** | **FoT Addition** |
| **Analytical Methods** **(except Gravimetric & Asbestos)** | **MRL** | **6B.1** | An example record of the annual reporting limit verification (using media spikes) for an analytical method in each applicable FoT within the laboratory’s scope of accreditation. | **2B.2.3** | **X** | **X****(An example reporting limit verification for each FoT not previously accredited)** | **X** |
| **LCS** | **6B.2** | An example record documenting the use of multiple matrix-based Laboratory Control Samples for a method in each applicable FoT within the laboratory’s scope of accreditation. | **2B.2.8** | **X** |  | **X** |
| **Asbestos Analysis** | **PCM Round Robin** | **6B.3** | OSHA asbestos regulation 29CFR1910.1001 (j) (8) (ii) (B) require results from semi-annual round robin participation with at least 2 other organizations. Provide results from the last 2 rounds. | **2B.3.1** | **X** | **X** | **X** |
| **Analyst Fibers (PCM)** | **6B.4** | Certificate of completion of NIOSH (or equivalent) fiber counting course for all PCM analysts. | **2B.3.1.3** | **X** | **X** | **X** |
| **Analyst****Bulk (PLM)** | **6B.5** | Certificate of completion of PLM course pertinent to asbestos fiber identification for all PLM analysts. | **2B.3.2.2** | **X** | **X** | **X** |
| **PLM Analysis Record** | **6B.6** | An example of an analysis worksheet showing required fiber properties are documented. | **2B.3.2.8** | **X** | **X** | **X** |
| **Round Robin Results** | **Compressed/****Breathing Air** | **6B.7** | Copy of results for most recent round of CAPT round robin PT program. | **6.6.1** | **X** | **X** | **X** |
| **Pharmaceuticals** | **6B.8** | Copy of results for most recent round of pharmaceutical round robin PT program. | **6.6.2** | **X** | **X** | **X** |
| **Final Report** | **IHLAP Final Report** | **6B.9** | **Reaccreditation**: * A complete, signed final report
* A complete, signed final report for each new FoT not previously accredited.

**Initial**: A complete, signed final report for each FoT in which the laboratory participates.  | **ISO 7.8, 2A.7.8** | **X** | **X** | **X** |

# FORM 6C

# QUALITY ASSURANCE – ELLAP *(Policy Module 2C)*

| **Policy Topic** | **General Accreditation Requirements** |
| --- | --- |
|  | **Sub-Topic** | **Attachment Number** | **Submission Examples Required** | **AIHA LAP Policy, ISO or LQSR Reference** | **Initial** | **Reaccreditation** | **FoT Addition** |
| **Personnel** | **Laboratory Staff** | **6C.1** | Submit Training records for all Pb analysts/technicians, including documentation of 4 independent test runs of 5 knowns for each matrix for each person. | **LQSR 5.2.1.1.3****Lead in Air: N/A** | **X** | **X** **(Only for those new analysts/ technicians since the last AIHA LAP, LLC assessment)** | **X** |
| **Mobile and Field Operations** | **6C.2** | For mobile and field operations, submit documentation of completion of the Inspectors training as pursuant to Section 402 of the TSCA and its implementing regulations.  | **LQSR 5.2.1.2.1****Lead in Air: N/A** | **X** | **X** | **X** |
| **Reporting Limits** | **6C.3** | Include documentation that clearly indicates the Reporting Limit is greater than or equal to twice the MDL and equal to or less than 20% of the lowest regulatory level of concern. (50% for Dust wipes). | **LQSR 5.4.1****Lead in Air: 2B** | **X** |  | **X** |
| **Method Detection Limits** | **6C.4** | A current record of a statistically verified MDL study for each ELLAP matrix on each instrument for which you are performing analysis in-house, showing that the MDL was determined in accordance with 40CFR, Part 136, Appendix B. | **LQSR 5.4.4.1****Lead in Air: 2B** | **X** |  | **X** |
| **Lowest Standard Determined** | **6C.5** | For each matrix, an example (analysis record) of a matrix spike used for verification of stated Reporting Limit. | **LQSR 5.9.1.1****Lead in Air:** **2B** | **X** |  | **X** |
| **Internal QC** | **Lab control sample (LCS)** | **6C.6** | A LCS analysis record for each matrix. | **LQSR 5.9.1.1****Lead in Air: 2B** | **X** |  | **X** |
| **Acceptance Limits** | **6C.7** | Acceptance limits for QC samples for each matrix in table form (Refer to LQSR Tables) Also list any current statistically generated limits. | **LQSR 5.9****Lead in Air:2B** | **X** |  | **X** |
| **Contamination Control** | **6C.8** | Most recent results of Pb wipe samples taken to document contamination control within the laboratory. | **LQSR 5.3.1.1** | **X** | **X** | **X** |
| **Final Report** | **ELLAP Final Report** | **6C.9** | **Reaccreditation**: * A complete, signed final report for each program (e.g., IHLAP)
* A complete, signed final report for each new FoT (or ELLAP matrix) not previously accredited.

**Initial**: A complete, signed final report for each FoT (or ELLAP matrix) in which the laboratory participates.  | **ISO 7.8, 2A.7.8** | **X** | **X** | **X** |

# FORM 6D

**QUALITY ASSURANCE – EMLAP** *(Policy Module 2D)*

|  |  |
| --- | --- |
| **Policy Topic** | **General Accreditation Requirements** |
|  | **Sub-Topic** | **Attachment Number** | **Submission Examples Required** | **AIHA LAP Policy Reference** | **Initial** | **Reaccreditation** | **FoT Addition** |
| **Equipment** | **Biological Safety Cabinet** (Culturable) | **6D.1** | Current certificate for a Class II biological safety cabinet documenting certification to NSF Standard 49 (or national equivalent outside the United States). | **2D.3.2.1** | **X** | **X** | **X** |
| **Magnification System** | **6D.2** | Documentation of magnification system. | **2D.3.1.1.1,****2D.3.1.1.2** | **X** |  | **X** |
| **QA/QC All Analyses** | **Duplicates** | **6D.3** | Copy of QC database of duplicate (intra-analyst analyses for each Field of Testing and associated acceptance criteria  | **2D.5.1.2, 2D.5.1.6** | **X** |  | **X** |
| **Replicates** | **6D.4** | Copy of QC database of replicate (inter-analyst analyses for each Field of Testing and associated acceptance criteria  | **2D.5.1.3, 2D.5.1.6** | **X** |  | **X** |
| **QC Culturable and Fungal DE Bulk and Surface FoTs** | **QC for Media and Reagents** | **6D.5** | Record showing quality control of culture media and analytical reagents per lot number for appropriate sterility, microbial growth and/or analytical reactions. | **2D.5.1.5** | **X** |  | **X** |
| **QC Culturable FoTs** | **Culture Collection** | **6D.6** | List of organisms in the microbial culture collection relevant to accreditation application FoTs (Copies of the listing of the organisms in the culture collection, and the dates they were placed in collection and the source). | **2D.5.2** | **X** | **X** | **X** |

# FORM 6D - CONTINUED

**QUALITY ASSURANCE – EMLAP** *(Policy Module 2D)*

|  |  |
| --- | --- |
| **Policy Topic** | **General Accreditation Requirements** |
|  | **Sub-Topic** | **Attachment Number** | **Submission Examples Required** | **AIHA LAP Policy Reference** | **Initial** | **Reaccreditation** | **FoT Addition** |
| **Fungal Direct Exam** | **Reference Slides** | **6D.7** | A copy of a QC database showing daily use of reference slides for spore trap analysis. Also show acceptance criteria used. | **2D.5.3.1, 2D.5.1.6** **(all culturable FoTs)** | **X** | **X** | **X** |
| **Air Fungal Direct Exam** | **Round Robin** | **6D.8** | Results of the most recent spore trap round robin showing participation with at least two other labs. | **2D.5.3.2** | **X** | **X** | **X** |
| **QC Molecular *FoTs / Technology*** | **Positive Control Collection** | **6D.9** | List of organism in the control collection relevant to accreditation application ***FoT’s/Technology*** (Copies of the listing of the organisms in the control collection and when they were placed in collection and the source) | **2D.5.4.1** | **X** | **X** | **X** |
| **Final Report** | **EMLAP Final Report** | **6D.10** | **Reaccreditation**: * A complete, signed final report for each program (e.g., IHLAP)
* A complete, signed final report for each new FoT not previously accredited.

**Initial**: A complete, signed final report for each FoT in which the laboratory participates.  | **ISO 7.8, 2A.7.8** | **X** | **X** | **X** |

# FORM 6E

# QUALITY ASSURANCE – Unique Scopes *(Policy Module 2E)*

| **Policy Topic** | **General Accreditation Requirements** |
| --- | --- |
|  | **Sub-Topic** | **Attachment Number** | **Submission Examples Required** | **AIHA LAP Policy Reference** | **Initial** | **Reaccreditation** | **FoT Addition** |
| **Analytical Methods** | **Reporting Limit** | **6E.1** | For quantitative testing procedures, an example record of the annual reporting limit verification (using media spikes) for each analytical method. | **2E.3.1** | **X** | **X** | **X** |
| **Acceptance Limits** | **6E.2** | Linear calibration acceptance limits, as specifically described in the applicable SOP, including date, applicable method, instrument identification, analysis date, analyte concentrations and instrument repose.  | **2E.3.4** | **X** | **X** | **X** |
| **Internal QC** | **Laboratory Control Spike** | **6E.3** | An LCS example for each method/analyte. | **2E.4** | **X** | **X** | **X** |
| **Matrix Spike** | **6E.4** | For each method/analyte, an example (analysis record) of a matrix spike used for verification of stated Reporting Limit.  | **2E.4** | **X** | **X** | **X** |
| **Duplicates** | **6E.5** | Copy of QC database of duplicate (intra-analyst) analyses for each Field of Testing and associated acceptance criteria. | **2E.4** | **X** | **X** | **X** |
| **Final Report** | **UniqueScopes****Final Report** | **6E.6** | **Reaccreditation**: * A complete, signed final report for each program (e.g., IHLAP)
* A complete, signed final report for each new FoT

**Initial**: A complete, signed final report for each FoT in which the laboratory participates.  | **ISO 7.8, 2A.7.8** | **X** | **X** | **X** |

# FORM 6F

# QUALITY ASSURANCE –FoodLAP *(Policy Module 2F)*

|  |  |
| --- | --- |
| **Policy Topic** | **General Accreditation Requirements** |
|  | **Sub-Topic** | **Attachment Number** | **Submission Examples Required** | **AIHA LAP Policy Reference** | **Initial** | **Reaccreditation** | **FoT Addition** |
| **Equipment** | **Biological Safety (Microbial analyses)** | **6F.1** | Certificate for a Class II biological safety cabinet documenting performance has been certified annually according to NSF Standard 49 (or national equivalent outside the United States).  | **2F.2.1.3** | **X** | **X** | **X** |
| **QA/QC** | **Reference Cultures (Microbial analyses)** | **6F.2** | List of Reference Cultures (RC); Documentation of culture source; SOP on culture handling and maintenance; documentation of quality checks; and record showing use of RCs. | **2F.4.3** | **X** | **X** | **X** |
| **Reference Materials (Chemical analyses)** | **6F.3** | Record showing use of Certified Reference Materials (CRM); Documentation of receipt and handling of CRM. | **2F.4.4** | **X** |  | **X** |
| **AOAC Equipment** | **Incubator(s) / Refrigerator(s)** | **6F.4** | Temperature Validation Records | **2F.6** | **X** | **X** | **X** |
| **Final Report** | **FoodLAP** **Final Report** | **6F.5** | **Reaccreditation**: * A complete, signed final report for each program (e.g., IHLAP)
* A complete, signed final report for each new FoT (or ELLAP matrix) not previously accredited.

**Initial**: A complete, signed final report for each FoT (or ELLAP matrix) in which the laboratory participates.  | **ISO 7.8, 2A.7.8** | **X** | **X** | **X** |

# FORM 7 - CERTIFICATIONS

**REGULATORY COMPLIANCE**

Certification of Compliance with Applicable Health and Safety Standards

On behalf of ,

(Name of Laboratory)

I certify that, to the best of my knowledge:

1. The Laboratory mentioned above complies with all applicable federal, state, and local health, safety, environmental contamination, and waste disposal standards; and

2. The Laboratory mentioned above maintains a system for proper disposal of samples.

I also certify that I understand that the AIHA LAP, LLC site assessment is not a safety inspection, has no safety related purpose, and that the sole purpose of the site assessment is to evaluate the ability of the laboratory to perform the analyses related to this accreditation program.

|  |  |
| --- | --- |
| Printed Name: | Title: |
| Signed: | Date: |

Please check all that apply:

**[ ]**  IHLAP **[ ]**  ELLAP **[ ]**  EMLAP **[ ]**  FoodLAP **[ ]**  Unique Scopes

FORM 8 - INDEMNIFICATION AND CERTIFICATIONS

**COMPLIANCE WITH REQUIREMENTS**

NOTE: This section is to be signed by an authorized representative of the laboratory and returned as part of the application for accreditation.

On behalf of: ,

 (Name of Laboratory)

For good and adequate consideration, and as part of this application, I certify, represent, warrant and agree that:

1. I have read Module 2A, General Quality System Requirements for Accreditation, and AIHA LAP, LLC Policy Modules for the program(s) for which the laboratory mentioned above is applying;
2. The laboratory mentioned above complies at all times with all of the ISO/IEC 17025:2017 requirements and all pertinent requirements listed in the AIHA LAP, LLC policy documents;
3. The information contained in this application, including all forms and attachments, each of which incorporated by reference herein and is made a part hereof is complete and accurate;
4. The laboratory mentioned above agrees to notify AIHA LAP, LLC within twenty (20) business days of any changes that significantly affect the laboratory’s

 a. legal, ownership, commercial or organizational status;

 b. organization and management;

 c. policies or procedures, where appropriate;

 d. premises;

 e. personnel, equipment, facilities, working environment or other resources;

 f. authorized signatory;

g. any other matters that may affect the laboratory’s capability, scope of accredited activities, or compliance with requirements for accreditation;

1. Misrepresentations in this application may be grounds for withdrawal or denial of accreditation, in addition to all other remedies – the laboratory shall claim accreditation only with respect to the scope for which it has been granted;
2. The laboratory mentioned above will not use this accreditation in such a manner as to bring the AIHA LAP, LLC into disrepute and will not make any statement relevant to its accreditation which AIHA LAP, LLC may consider misleading or unauthorized;
3. Upon suspension or withdrawal of our accreditation (however determined) the laboratory mentioned above will forthwith discontinue our use of all advertising matter that contains any reference thereto and will return any certificates of accreditation to AIHA LAP, LLC;
4. The laboratory mentioned above will not use this accreditation to imply product approval by the AIHA LAP, LLC;
5. The laboratory mentioned above shall keep current on updates to AIHA LAP, LLC policies and follow AIHA LAP, LLCs policy for the use of the accreditation symbol;
6. The laboratory mentioned above maintains impartiality and integrity in its dealings with clients requiring AIHA LAP, LLC and its accreditation;
7. The laboratory mentioned above shall permit an AIHA LAP, LLC representative(s) to have access to the laboratory for the purposes of examining documentation, records and personnel, assessment of calibration and testing, reassessment, surveillance, resolution of complaints and any other issues necessary to verify compliance with the requirements for accreditation;
8. The laboratory mentioned above shall pay all fees according to the required schedule, as required by AIHA LAP, LLC;

**FORM 8 CONTINUED - INDEMNIFICATION AND CERTIFICATIONS**

**COMPLIANCE WITH REQUIREMENTS**

1. The laboratory mentioned above shall submit any and all necessary information to assess conformance to accreditation requirements and shall arrange the witness of such conformance when requested by AIHA LAP, LLC;
2. The laboratory mentioned above shall continually commit to fulfill the requirements for accreditation set by AIHA LAP, LLC for the areas where accreditation is sought or granted. This includes an agreement to adapt for changes in the requirements for accreditation;
3. The laboratory mentioned above shall continually comply with the AIHA LAP, LLC advertising policy as described in Policy Module 7;
4. The laboratory mentioned above agrees to notify AIHA LAP if they perceive a conflict of interest with AIHA LAP volunteers, a list of which can be found on the Leadership section of the AIHA LAP website;
5. If requested, the laboratory mentioned above agrees to assist AIHA LAP in the investigation and resolution of any accreditation related complaints regarding the laboratory. The laboratory understands that the result of a complaint investigation may be an extraordinary assessment;
6. The laboratory hereby consents to the release and submittal of any AIHA PAT Programs, LLC or other AIHA LAP, LLC – approved third-party proficiency testing results with which the AIHA LAP, LLC has a Memorandum of Understanding that are a requirement for the Fields of Testing noted in this application to and for use by AIHA LAP, LLC;
7. The laboratory has, where applicable, legally enforceable arrangements with its clients that commit the clients to provide, on request, access to AIHA LAP, LLC assessment teams to assess the conformity laboratory’s performance when carrying our conformity assessment activities at the client’s site.

 and its successors and assigns, hereby

(Name of Laboratory)

releases, indemnifies and holds the AIHA Laboratory Accreditation Programs, LLC (AIHA LAP), its affiliates and its and their volunteers, technical advisory panel members, board members, site assessors, contractors, employees and representatives harmless from any and all claims, demands, suits, judgments, losses, liabilities, and/or damages by or on behalf of

 , its employees and third parties or

 (Name of Laboratory)

persons by reason of any damage, loss, death or injury resulting from operations of the laboratory; breach by the laboratory of any obligation, AIHA LAP policy or agreement (including this application);accidents; exposure to or consumption of harmful substances, food or food products; and the unsafe operation of the laboratory facilities.

|  |  |
| --- | --- |
| Printed Name: | Title: |
| Signed: | Date: |

Please check all that apply:

# [ ]  IHLAP [ ]  ELLAP [ ]  EMLAP [ ]  FoodLAP [ ]  Unique Scopes

# FORM 9 – Affidavit

# ISO/IEC 17025:2017 & AOAC Requirements Affidavit

I hereby confirm that my organization legally obtained a copy of ISO/IEC 17025:2017, and that it will be available onsite for the site assessor’s review. In lieu of proof of purchase, my signature below signifies that I have reviewed and understand the information provided in the ISO/IEC 17025:2017 standard, and that I am working to ensure conformance with this standard.

I understand that I can only apply for accreditation and receive a copy of the combined AIHA LAP, LLC and ISO17025:2017 checklists once this signed statement has been received by AIHA LAP, LLC.

Signature:

Printed Name:

Title:

Date:

Laboratory Name:

Laboratory AIHA LAP, LLC ID#:

**Complete the following if applying for FoodLAP Accreditation with AOAC**

I hereby confirm that my organization legally obtained a copy of the AOAC International Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food and Pharmaceuticals, and that it will be available onsite for the site assessor’s review. In lieu of proof of purchase, my signature below signifies that I have reviewed and understand the information provided in the AOAC International Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food and Pharmaceuticals, and that I am working to ensure conformance with this standard.

I understand that I can only apply for accreditation and receive a copy of the combined AIHA LAP, LLC/ISO17025:2017/AOAC checklist once this signed statement has been received by AIHA LAP, LLC.

Signature:

Printed Name:

Title:

Date: