



Application for Laboratory Accreditation

Laboratory Accreditation Program • P.O. Box 1677 • Oklahoma City, OK 73101-1677 • (405) 702-1000

Drinking Water Laboratory (OAC 252:301)

A. DEQ Laboratory Accreditation Program Identification Number: _____
(For Office use ONLY)

B. Name of Laboratory or Facility: _____
Area Code/Telephone #: _____ Area Code/Telefax #: _____

C. Contact Person for the Laboratory Accreditation Program:

| Name | Title |
|------|-------|
|------|-------|

D. Location: (StreetAddress):

| Address | City | State | Zip |
|---------|------|-------|-----|
|---------|------|-------|-----|

E. Mailing Address: (if different than above, i.e. P.O.Box):

| Address | City | State | Zip |
|---------|------|-------|-----|
|---------|------|-------|-----|

Invoicing/Billing Address:
Billing Address is the same as:

Street address Mailing Address Proficiency sample receiving address

F. General Information:

Latitude: _____ Longitude: _____

Hours of Operation: _____

Days: _____ Time: _____

EPA Laboratory Identification Number: _____

Email Address: _____

Website: _____

If none of the above apply, enter your billing address below.

Address _____ City _____ State _____ Zip + (Four) _____

Attention:

Name _____ Title _____

G. Categories Requested for Accreditation:

Check all categories of parameters performed at the above facility for which you are requesting accreditation.

- | | |
|---|--|
| <input type="checkbox"/> Metals | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> Microbiology | <input type="checkbox"/> Volatile Organic Contaminants -VOCs |
| <input type="checkbox"/> Non -Volatile SOCs | <input type="checkbox"/> Radionuclides |
| <input type="checkbox"/> General Chemistry | <input type="checkbox"/> Renewal, No change to current field of testing status |

H. Laboratory Type:(check one) Commercial Industrial

I. Additional Contact Information: _____

J. Conditions of Accreditation:

The applicant understands and acknowledges that the laboratory is required to be continually in compliance with the Oklahoma Department of Environmental Quality standards and is subject to the enforcement and penalty provisions of that accreditation body. The applicant agrees to:

- Afford accommodation and cooperation as is necessary to enable the DEQ Laboratory Accreditation Program to verify compliance with the requirements for accreditation including provision for examination of documentation (including the submission of all requested pre-assessment documentation) and access to all calibration and testing areas, equipment, records and personnel (including arrangements for witnessing accredited activities when requested and practicable) for the purposes of assessment, surveillance, reassessment, resolution of complaints, and fulfillment of accreditation requirements;
- Retain all quality records and technical records supporting reported results as defined under Chapter 301, Drinking Water Accreditation. Please bear in mind that adequate records must be available to demonstrate full compliance with the requirements for accreditation;
- Claim that it is accredited only in respect of services for which it has been granted accreditation and which are carried out in accordance with these conditions;
- Pay such fees as shall be determined by the Oklahoma Department of Environmental Quality;

- Not use its accreditation in such a manner as to bring OK DEQ LAP into disrepute and not make any statement relevant to its accreditation which DEQ LAP may consider misleading or unauthorized;
- Upon suspension, withdrawal or expiration of its accreditation (however determined) discontinue its use of all advertising matter that contains reference thereto TNI, NELAP or DEQ (including logos) and return any certificates and scopes of accreditation to the DEQ Laboratory Accreditation Program.
- Endeavor to ensure that no certificate or report, nor any part thereof, is used in a misleading manner;
- In making reference to its accreditation status in communication media such as advertising, brochures, websites, etc. comply with the requirements of the DEQ LAP;
- Inform DEQ LAP within 30 days and in writing of changes or pending changes in any aspect of the laboratory's status or operation that affects the organization or management (e.g., managerial staff); policies or procedures; and where appropriate: premises, personnel, equipment, facilities, working environment, authorized signatories; or such other matters that may affect the laboratory's capability, or scope of accredited activities, or compliance with the criteria and requirements for accreditation under Chapter 30I, Drinking Water Accreditation.

As the applicant Organization's Authorized Representative and Deputy Authorized Representative, I agree to the above conditions for accreditation. I attest that all statements made on this application are correct to the best of my knowledge and belief.

Owner/Responsible Officer's Name Title

Telephone Number Extension

Signature Title

Date