



Application for TNI Laboratory Accreditation

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

General Environmental Laboratory (OAC 252:307)

Primary or Secondary

Secondary accreditation note: Must include primary certificate

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

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

C. Main Contact for the Laboratory Accreditation Program

Name	Title	E-mail address
Quality Assurance Manager		

Name	Title	E-mail address
Technical Managers*		

Name	Title

Name	Title

Name	Title

Additional Technical Manager Contact Information (name, phone, e-mail): _____

D. Location (Street Address):

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 Other

If other, enter your billing address below:

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

Attention: _____

Name _____ Title _____

F. General Information:

Latitude _____ Longitude _____

Hours of Operation: _____

Days: _____ Time: _____

EPA Laboratory Identification Number: _____

Website: _____

Other - State Accreditations: _____

G. Categories Requested for Accreditation**:

Check all categories of parameters performed at the above facility for which you are requesting accreditation. Renewal, No change to current field of testing status

- | | | |
|--------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Basic Environmental Lab | <input type="checkbox"/> Petroleum Hydrocarbons | <input type="checkbox"/> Metals |
| <input type="checkbox"/> Microbiology | <input type="checkbox"/> Volatile Organic Contaminants - VOCs | <input type="checkbox"/> Nutrient |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Hazardous Waste Identification | <input type="checkbox"/> Radionuclides |
| <input type="checkbox"/> General Chemistry I | <input type="checkbox"/> Whole Effluent Toxicity Test | <input type="checkbox"/> Perchlorates |
| <input type="checkbox"/> General Chemistry II | <input type="checkbox"/> Synthetic Organic Chemicals
(Pesticides, herbicides, PBCs) | <input type="checkbox"/> Semi-Volatile SVOCs
(Extractables) |
| <input type="checkbox"/> Demands | <input type="checkbox"/> | <input type="checkbox"/> |

H. Laboratory Type (check one): Commercial Industrial Municipal

*Technical manager is defined as: chemistry, inorganic, organic, micro, radiochemistry, or asbestos.

**Analyte, method, and technology listings are available in Excel spreadsheets located on the DEQ Laboratory Accreditation webpage.

I. Conditions of Accreditation:

- (a) Landlord attestation - An affidavit must accompany this application asserting that the laboratory owns real property where the laboratory is located, has a current lease or easement for the purpose, and/or has provided proper legal notice to the landlord.

Affidavit must be attached to the application.

- (b) The applicant understands and acknowledges that the laboratory is required to be continually in compliance with the Oklahoma Department of Environmental Quality (DEQ) 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 (LAP) 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 in Chapter 307, TNI 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 to 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 DEQ;
- Not use its accreditation in such a manner as to bring the DEQ LAP into disrepute and not make any statement relevant to its accreditation which the 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 to TNI, NELAP or the DEQ (including logos) and return any certificates and scopes of accreditation to the DEQ LAP.
- Endeavor to ensure that no certificate or report, nor any part thereof, is used in a misleading manner;
- Comply with the requirements of the DEQ LAP in making reference to its accreditation status in communication media such as advertising, brochures, websites, etc.;
- Inform the DEQ LAP in writing within 30 days 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; where appropriate, the premises, personnel, equipment, facilities, working environment, authorized signatories; or such

other matters that may affect the laboratory's capability, scope of accredited activities, or compliance with the criteria and requirements for accreditation within Chapter 307, TNI Laboratory Accreditation.

As the applicant organization's Authorized Representative or 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