Laboratory Approval Program

General Application

Laboratory Approval Program

General Application

1. Name of Laboratory_____

2. Street Address_____

3. P. O. Box_____

4. City_____

5. State_____

6. Zip_____

7. County_____

8. Phone No._____
   Fax No._____
   Email _____

DO NOT WRITE IN THIS AREA--FOR AQMD PURPOSES ONLY

Application ID Assigned:_____

Application Received:_____

Acknowledgment Letter Sent:_____

Authorized Signature:_____

9. Type of business (sole proprietor, partnership, corporation etc.)_____
   _____

10. Licensing agency and license number_____
    _____

11. Name(s) of owner(s) _____

12. **Organization**
    Please attach a personnel organization chart. Please show all management staff and personnel who will be performing work under LAP, including technicians, student workers, and temporaries, and describe their duties. Be sure to identify the following functions however named:

    Authorized contact. This person has the authority to initiate or terminate the Approval, or

to change its scope. This person has the authority to commit to meeting LAP requirements.

Technical director. This person has overall technical responsibility for the test facility.

QA Officer. This person guarantees that the data quality meets test plan or project specifications, has overall responsibility to review implementation of QA policies, takes corrective action, and is not involved in production of data. This person keeps complaint records for one year.

Supervisor(s), project manager(s), or team leader(s): These people have day to day oversight of work and data quality.

13. **Personnel**

Please provide a curriculum vita or resume for all management staff and personnel who perform LAP work, including technicians, student workers, temporaries etc. Specifically address education, relevant experience, special training, title and normal duties.

14. Integrity

Please attach a copy of your policies on individual conflict of interest and sign the conflict of interest form included with this Application.
Please attach a copy of your policies on data falsification and data selection/ rejection.
Please attach copy of your policies on QA/QC.

15. **Facilities**

Please describe your facility/ies and scope of operation. Include:

Physical location, approximate size and description of the main facility, remote sites, sub-facilities, and mobile units
Year established
Type of testing performed
List of major equipment and instruments
Whether the firm is commercially available, or is an in-house service, government, research, or other non-commercial facility.
Price list of tests or services offered

16. **Methods**

Please attach a copy of your procedures for selecting and implementing methods, keeping your methods current, and disseminating this information to staff.

17. **Chain of Custody, Evidence Retention**
Please attach your Chain of Custody policy and provide a copy of the Chain of Custody form. Please describe your procedures for identifying, receiving, and storing samples, and for assuring the security of samples, data, equipment etc. Please describe your procedures for authorizing sample and data disposal.

18. **Equipment, Instruments, Reagents and Standards**
Please attach a copy of your procedure for determining equipment, instrument, reagent, and standard suitability and for maintaining traceability.

19. **Documentation**
Please attach a copy of your procedure for generating and validating data forms, formats, procedures, logbooks, SOPs, spreadsheets, data, reports, etc. and for maintaining revision control.

20. **Quality Assurance**
Please describe how deviations or problems in facilities, data integrity, chain of custody, security, methods, equipment, instruments, reagents, standards, quality control, documents, reports, etc are detected, flagged and corrected. Describe the role of each staff level for maintaining data quality, and describe the duties and authority of the Quality Assurance officer in detail. .

If you answer questions 14-20 individually, you do not need to attach a Quality Assurance Manual (QAM). You may attach a copy of your Quality Assurance Manual (QAM) in lieu of, or in addition to answering questions 14-20. If you attach a QAM in lieu of answering these questions, it must specifically address the above points with respect to LAP work.

LAP Conditions for Approval

Agreement

To become approved and maintain approval, the test facility must:

Be legally identifiable.
Have an authorized contact.
Submit information required by LAP, including applications, organization charts and facility descriptions, test reports etc.
Agree to be assessed and evaluated initially and on a periodic basis
Pay all relevant fees.
Meet and maintain LAP conditions for all reports issued under LAP approval, as identified by LAP letterhead or a LAP logo.
Limit the representation of the scope of its Approval to only those tests or services for which Approval is granted.
Limit advertising of its approved status to letterhead, test reports, brochures and technical, trade or professional publications.
Inform its clients that approval of its test reports in no way constitutes or implies product certification, or guarantee of results.
Report to LAP within 60 days any major changes involving location, facility, management, staff, procedures, equipment, or QA.
Return to LAP the Letter of Approval for possible revision or other action if
- requested by LAP,
- test facility withdraws from LAP
- test facility becomes unable to conform to these criteria and related technical requirements

Follow the Appeal procedure for resolving disputes over LAP status.

I agree to the above conditions

_____ _____

Signature, authorized contact Date

NO CONFLICT OF INTEREST STATEMENT

1. The test facility shall have no financial interest in the company or facility being tested, or in the parent company or any subsidiary thereof.
2. The company or facility being tested, or parent company or subsidiary thereof, shall have no financial interest in the test facility.
3. Any company or facility responsible for the emission of significant quantities of pollutants to the atmosphere, or parent company or subsidiary thereof, shall have no financial interest in the test facility
4. The test facility shall not be in partnership with, own or be owned by, in any part or in full, the contractor who has provided or installed equipment (basic or control), or monitoring systems, for the company being tested.

I certify that the test facility meets the above criteria to the best of my knowledge and belief.

The above information is true to the best of my knowledge and belief

_____ _____

Signature, authorized contact Date

Attach this application to the LAP General Application and submit to :

The Laboratory Approval Program Coordinator
Monitoring and Analysis
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, California, 91765-4182
Phone: (909) 396-2271

We welcome your questions, comments and suggestions! Please send them to the LAP Coordinator.