

# State Water Resources Control Board

**ACCREDITATION INQUIRY REQUEST FORM**

**Environmental Laboratory Accreditation Program (ELAP)**

This Accreditation Inquiry Request Form (Form) is used to request correction of an error made in processing your application. This form will not alter the denial of accreditation due to mistakes, errors, or missing items with the application. When ELAP denies accreditation, the included Noncompliance Summary documents the reason(s) ELAP denied the requested Field(s) of Accreditation (FOAs). The most expedient process to add these denied FOA(s) to your certificate is to correct the reason(s) for denial listed in the Noncompliance Summary and submit an Amendment Application.

**WHEN TO USE THIS FORM:** This form should only be used when the laboratory met all administrative, technical, and regulatory requirements, and ELAP made an error in the evaluation of your application.

**WHEN NOT TO USE THIS FORM:**

ELAP regulations require all items to be present in your complete application and no changes may be made after the application is final; ELAP performs the initial administrative review and notifies the submitter by email when the application is final. This form will not change the accreditation decision made on the documentation provided when the application was submitted, accepted, and marked as final.

1. ***Do not use this form to submit new or missing documents.*** For example, If you forgot to include a portion of the required Proficiency Testing (PT) results, or you recently completed PTs that were not submitted with the application, this form will not substitute the regulatory requirement to submit a complete application. Instead, you should submit an Amendment application that includes all required documentation.
2. ***Do not use this form to update or correct application errors.***For example, if you incorrectly filled out a Field of Accreditation Table, ELAP will not accept a corrected FOA table in an Accreditation Inquiry. Instead, you should submit an Amendment application that includes the FOAs you need added.
3. ***Do not use this form to request ELAP to make an exception to regulatory requirements.*** For example, if you incorrectly reported the method in your PT study and want ELAP to accept alternatives, this form will not substitute the regulatory PT reporting requirements. Instead, you should submit an Amendment application with PT results that correct the reason for denial.

**How to Submit an Accreditation Inquiry:**

1. Within 30 days of issuance of your accreditation documents, fill out the required and applicable sections in this form.
2. Compile documentation necessary to support your request.
3. Email this form **(Word Format)** and supporting documentation to elapca@waterboards.ca.gov with the subject line: *“AI – <LABORATORY NAME>, <CERTIFICATE #XXXX>”.* (Your laboratory name and certificate number will replace the respective fields.)
4. Nature of Request – Select All that Apply

|  |
| --- |
| [ ]  The Fields of Accreditation List does not include requested FOAs |
| [ ]  The certificate dates are incorrect |
| [ ]  Other |

1. Laboratory Information

|  |  |
| --- | --- |
| Laboratory Name |  |
| ELAP Certificate Number |  |
| Technical Manager |  |
| Name of Person Submitting Inquiry |  |
| Contact email and phone number |  |
| Date of Inquiry Submittal |  |

1. Application

|  |  |
| --- | --- |
| Application Due Date (90 days prior to expiration on certificate) |  |
| Date submitted |  |
| Date you received the confirmation email from ELAP  |  |

1. Accreditation Dates Inquiry

Please thoroughly describe your question and/or the reason the dates on your certificate are incorrect.

1. Fields of Accreditation (FOA) List Inquiry

Fill out the table below for each subgroup you are inquiring about. (Please include all questions to avoid submitting multiple inquiries regarding the same accreditation.) Add more rows if necessary. Row 1 is filled out as an example.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Subgroup Code | Analyte Code | Analyte | Method | Noncompliance Summary Code | Satisfactory PT Study and Page Number of Result | Reason for Inquiry |
| *108.059* | *001* | *Turbidity* | *SM 2130B-2011* | *NP-B (Revision Year reported does not match Revision Year in ELAP FOA Table)* | *ERA WP249, page 5* | *We submitted WP-249 in email 1 with the application on <DATE> at <TIME>. Our PT results were acceptable and identify the method “SM 2130 B-2011” which exactly matches the method listed in ELAP’s FOA Table.* |
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1. Additional Information

Include additional, important information needed for evaluation of your request below.