

Environmental Laboratory Accreditation Program ~~Branch~~ (ELAPB)
850 Marina Bay Parkway, Building P, 1st Floor, MS 0514
Richmond, CA 94804
P.O. Box 100, Sacramento, CA 95812-0100

Application for Certification Environmental Laboratory Accreditation Program

This application is for laboratories seeking certification under the California Environmental Laboratory Improvement Act (Chapter 4 commencing with Section 100825, Part 1, Division 101, of the California Health And Safety Code).

PART A LABORATORY INFORMATION

1. Type of Application: New [] Renewal [] Amendment []
Certificate No. _____ Expiration Date: _____
2. Name of Laboratory: _____
3. Division: _____
4. Laboratory Location / Address: (Actual Location)
Street: _____
City: _____ State: _____ Zip: _____
Country: _____ Country Code: _____
5. Laboratory Mailing Address: (For mail delivery)
Street: _____
City: _____ State: _____ Zip: _____
Country: _____ Country Code: _____
6. Laboratory Shipping Address: (For sample delivery)
Street: _____
City: _____ State: _____ Zip: _____
Country: _____ Country Code: _____
7. Telephone #: _____ 8. FAX #: _____
9. E-Mail Address: _____ 10. Web Site: _____
11. County (CA only): _____ 12. Water Quality Control Board Region #: _____
13. Description of Laboratory Type: (Check one)
 Commercial City Academic Institute
 Federal Public water system Hospital or health care
 State Public wastewater system Industrial (an industry with discharge permit)
 County Recycling Facility Other (describe) _____
14. Laboratory Director: _____ Telephone #: _____
15. Contact Person: _____ Telephone #: _____
16. Mail Recipient Name: _____
17. Owner / Agents Name: _____
18. For Mobile Laboratories:
Vehicle Make: _____ Model: _____ Vehicle ID #: _____
Vehicle License No.: _____ State of Registration: _____

(for ELAPB office use only)

Application Number: _____ Amount Received: _____ Date Received: _____

PRIVACY NOTIFICATION

The information in Part B (Personnel Qualifications) of this application is requested by the State Department of Public Health in compliance with the Information Practices Act of 1977. The authority for maintaining the requested information is the California Code of Regulations, Title 22, Sections 64485 and 67605. This information is mandatory. Failure to provide all the necessary information may result in denial of the application for certification. The purpose of the personnel information is to verify the personnel qualifications required for the laboratory director and principal analyst(s). This information will not be disclosed except in accordance with the Information Practices Act of 1977. For more information or access to your records, contact ELAPB.

**PART B PERSONNEL
QUALIFICATIONS
LABORATORY DIRECTOR**

1. Name (Last, First, Middle Initial): _____

2. Title: _____

| | | | | |
|---------------|--------------------|-------|--------|-----------|
| 3. Education: | | | | |
| Month/Year | College/University | Major | Degree | Year |
| From - To | | | | Completed |

| | | | |
|------------------------|--------------------|---------------------|-----------|
| 4. Technical Training: | | | |
| Month/Year | Technical Trade or | Subject Certificate | Year |
| From - To | Service School | | Completed |

| | | |
|--|------------------------------|-----------|
| 5. Relevant Experience: (Last 5 years) | | |
| Month/Year | Name and Address of Employer | Job Title |
| From - To | | |

6. Briefly describe your experience relevant to this employment on a separate sheet of paper. Be sure to identify the laboratory, person's name and position.

7. Certificate(s): (Analyst)
 CAL Nevada Section American Water Works Association

Grade: _____ Expiration date: _____

California Water Environment Association (CWEA)

Grade: _____ Expiration date: _____

**PART B PERSONNEL
QUALIFICATIONS PRINCIPAL
ANALYST**

Please make photocopies of this form and provide the information for additional personnel.

1. Name (Last, First, Middle Initial): _____

2. Title: _____

Supervisor of Section _____ Operates Device _____

| 3. Education: | College/University | Major | Degree | Year Completed |
|-------------------------|--------------------|-------|--------|----------------|
| Month/Year From - To | | | | |
| | | | | |
| | | | | |

| 4. Technical Training: | Technical Trade or Service School | Subject Certificate | Year Completed |
|-------------------------|-----------------------------------|---------------------|----------------|
| Month/Year From - To | | | |
| | | | |
| | | | |

| 5. Relevant Experience: (Last 5 years) | Name and Address of Employer | Job Title |
|--|------------------------------|-----------|
| Month/Year From - To | | |
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| | | |

6. Briefly describe your experience relevant to this employment on a separate sheet of paper. Be sure to identify the laboratory, person's name and position.

7. Certificate(s): (Analyst)

CAL Nevada Section American Water Works Association

Grade: _____ Expiration date: _____

California Water Environment Association (CWEA)

Grade: _____ Expiration date: _____

PART C FIELDS OF TESTING

Check the appropriate box(es) for the Fields of Testing (FoTs) for which your laboratory requests certification.

| | | |
|--------------------------|------------------|--|
| <input type="checkbox"/> | E101 | Microbiology of Drinking Water |
| <input type="checkbox"/> | E102 | Inorganic Chemistry of Drinking Water |
| <input type="checkbox"/> | E103 | Toxic Chemical Elements of Drinking Water |
| <input type="checkbox"/> | E104 | Volatile Organic Chemistry of Drinking Water |
| <input type="checkbox"/> | E105 | Semi-volatile Organic Chemistry of Drinking Water |
| <input type="checkbox"/> | E106 | Radiochemistry of Drinking Water Radionuclides of Drinking Water |
| <input type="checkbox"/> | E107 | Microbiology of Wastewater Microbiological Methods for Non-Potable Water and Sewage Sludge |
| <input type="checkbox"/> | E108 | Inorganic Chemistry of Wastewater Inorganic Constituents in Non-Potable Water |
| <input type="checkbox"/> | E109 | Toxic Chemical Elements of Wastewater Metals and Trace Elements in Non-Potable Water |
| <input type="checkbox"/> | E110 | Volatile Organic Chemistry of Wastewater Volatile Organic Constituents in Non-Potable Water |
| <input type="checkbox"/> | E111 | Semi-volatile Organic Chemistry of Wastewater Semi-Volatile Organic Constituents in Non-Potable Water |
| <input type="checkbox"/> | E112 | Radiochemistry of Wastewater Radionuclides in Non-Potable Water |
| <input type="checkbox"/> | E113 | Whole Effluent Toxicity of Wastewater Environmental Toxicity Methods |
| <input type="checkbox"/> | E114 | Inorganic Chemistry & Toxic Chemical Elements of Hazardous Waste |
| <input type="checkbox"/> | E115 | Extraction Test of Hazardous Waste |
| <input type="checkbox"/> | E116 | Volatile Organic Chemistry of Hazardous Waste |
| <input type="checkbox"/> | E117 | Semi-volatile Organic Chemistry of Hazardous Waste |
| <input type="checkbox"/> | E118 | Radiochemistry of Hazardous Waste Radionuclides in Hazardous Waste |
| | E119 | Toxicity Bioassay of Hazardous Waste |
| <input type="checkbox"/> | E120 | Physical Properties of Hazardous Waste |
| <input type="checkbox"/> | E121 | Bulk Asbestos Analysis of Hazardous Waste |
| | E122* | Microbiology of Food |
| | E123* | Inorganic Chemistry and Toxic Chemical Elements of Pesticide Residues in Food |
| <input type="checkbox"/> | E124 | Organic Chemistry of Pesticide Residues in Food (measurements by MS techniques) |
| <input type="checkbox"/> | E125 | Organic Chemistry of Pesticide Residues in Food (excluding measurements by MS techniques) |
| <input type="checkbox"/> | E126 | Microbiology of Recreational Water Microbiological Methods for Ambient Water |
| <input type="checkbox"/> | E127 | Shellfish Sanitation |
| | E128* | Air Quality Monitoring |
| <input type="checkbox"/> | E129 | Parasites in Potable Water |
| | E130* | Parasites in Non-Potable Water |

**PART D
INVOICE FOR FEES**

- Claim of Exemption from Fees: (attach written evidence for claim of exemption)
 California County or City Public Health Laboratory established under, Health and Safety Code Section 101150
 Government Reference Laboratory as defined in, Health and Safety Code Section 100860 (e) & (g)
- Not Exempt From Fees

The Basic Fee is ~~\$1512.00~~ \$1890.00, and the Field of Testing Fee is ~~\$681.00~~ \$851.00.

Basic Fee + Number of Fields of Testing Requested times the Field of Testing Fee = Total Fee

$$\begin{array}{r} \text{\$1512} \\ \text{\$1,890.00} \end{array} + \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

Base Fee + (Number of FoTs X ~~\$681~~ \$851) = Total Fee Amount

Enclose a check for the total fee, payable to "Environmental Laboratory Accreditation Program ~~Branch~~."

NOTE: Out of state laboratories - the cost of travel to visit a laboratory located outside the State of California will be determined and billed after completion of the site visit, Section 100860(b), Health and Safety Code.

**PART E
QUALITY ASSURANCE MANUAL**

Please submit ~~two copies~~ of your laboratory's manual for the in-house quality assurance program with this application by mail to P.O. Box 100, Sacramento, CA 95812-0100 or e-mail to elapca@waterboards.ca.gov.

**PART F
FIELD OF TESTING WORKSHEET** Field of Testing (FoT) worksheets

can be downloaded from http://www.waterboards.ca.gov/drinking_water/certlic/labs/documents/ELAP-FOT-2014.pdf <http://www.cdph.ca.gov/certlic/labs/Pages/ELAPforms.aspx>. Please submit a completed hard copy ~~if mailing~~ and an electronic copy of the worksheet for each FoT the laboratory is seeking or amending accreditation. Submit the completed electronic worksheets and signed hard copy via email to (elapca@waterboards.ca.gov) (elapca@cdph.ca.gov) or by mail (diskette, CD, DVD). ~~Submit the signed hard copy to ELAPB (address listed below).~~

**PART G
OTHER PERTINENT INFORMATION (OPTIONAL)**

Use a separate sheet of paper to provide any additional information about your laboratory that you feel may demonstrate laboratory competency, such as other certifications and proficiency testing programs in which your laboratory participates.

**PART H
APPROVAL FOR SUBMISSION**
(This Section must be completed and signed before the application will be accepted.)

TYPE OR PRINT: Name of Laboratory: _____
Name of Owner or Owner's Agent: _____
Signature: _____ Date: _____

Return the completed application, quality assurance manual, Field of Testing worksheets to: elapca@waterboards.ca.gov

ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM ~~BRANCH~~ (ELAPB)
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~~Richmond, CA~~
~~94804~~