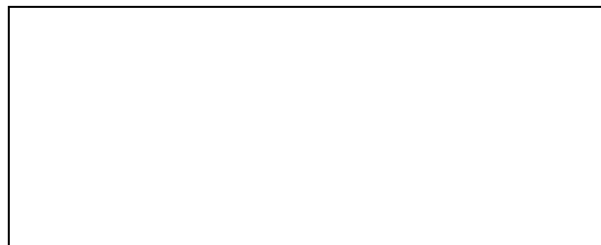


RI Department of Health

2019

Application and Instructions for Certification of Analytical Laboratories:



DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET

INSTRUCTIONS

- Familiarity with the *Rules and Regulations for Certifying Analytical Laboratories (R23-16.2-A/LAB, as amended, September 2012, <https://rules.sos.ri.gov/regulations/part/216-60-05-5>* is necessary before completing this application.
- Answer all questions. Do not leave blanks. Incomplete forms will be returned to you and your certificate will not be issued. Use a ballpoint pen.
- **Try alternative “ELECTRONIC CERTIFIED PARAMETERS SELECTION TOOL”!** (Replaces pages 5 – 9 of this application form). Request “Certified Parameters” from electronic table of analytes and approved test methods. Avoid manual entry, save time, store electronically. Download the tool at , <http://health.ri.gov/applications/LabCertificationParametersSelectionTool.xls>, select Analytical Laboratories and click on “LABORATORY CERTIFIED PARAMETERS SELECTION TOOL” or contact: Henry.Leibovitz@health.ri.gov or call (401) 222-5600 to request a copy.
- Make your check/money order payable to "General Treasurer, State of Rhode Island". Do not send cash. **Please be advised that you must calculate your fee based on the options you choose at the end of this form.**
- Certification application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.
- Misrepresentations are grounds for refusal or subsequent revocation of certification.
- If you have any questions concerning this application, call the Department of Health Laboratories at (401) 222-5600.
- Return completed application to:

Certification Officer
Rhode Island Department of Health Laboratories
50 Orms Street
Providence, RI 02904

Name of Laboratory Director: _____

Name of person who completed this application: _____

**State of Rhode Island and Providence Plantations
Department of Health**

<p>Facility Name:</p> <p>Please provide the name of the facility (as known to the public) for which this certificate is being requested.</p>	<p>Full Name: _____</p>								
<p>Facility Location Information:</p> <p>Please provide the location information for this facility. (Published on HEALTH website).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p> <p>Website: _____</p>								
<p>Facility Mailing Information:</p> <p>Please provide the mailing information for all communication regarding this certificate, if different from Facility Location Information (Not published on HEALTH website).</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Address Country _____</p>								
<p>Facility Contact Information:</p> <p>Please provide the facility. Phone, Fax and Email Information.</p>	<p>Contact Name: _____</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p> <p>Email Address: _____</p>								
<p>Ownership Type:</p> <p>Please check ONE</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company								
<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship								
<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership								
<input type="checkbox"/> Partner									
<p>Ownership Information:</p> <p>Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Name: _____</p> <p>DBA: _____</p>								

<p>Ownership Address Information:</p> <p>Please provide the contact information of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
<p>Laboratory Director:</p>	<p>Laboratory Director's Full Name: _____</p>
<p>Laboratory Director's Education:</p> <p>Please list highest degree earned in the chemical or biological sciences and major: (a copy of the diploma must accompany this application)</p>	<p>Degree: _____ Major: _____</p>
<p>Laboratory Director's Experience:</p> <p>Briefly describe the analytical laboratory experience. (Do Not attach a Resume)</p>	<p>Laboratory Name: _____</p> <p>Address: _____ <small>Street City State Zip Code</small></p> <p>Position held: _____ Dates: _____</p> <p>Duties: _____</p> <hr/> <p>Laboratory Name: _____</p> <p>Address: _____ <small>Street City State Zip Code</small></p> <p>Position held: _____ Dates: _____</p> <p>Duties: _____</p> <hr/> <p>Laboratory Name: _____</p> <p>Address: _____ <small>Street City State Zip Code</small></p> <p>Position held: _____ Dates: _____</p> <p>Duties: _____</p>
<p>Quality Assurance Officer:</p>	<p>Quality Assurance Officer's Full Name: _____</p>
<p>Quality Assurance Officer's Education:</p> <p>Please list highest degree earned in the chemical or biological sciences and major: (a copy of the diploma must accompany this application)</p>	<p>Do not complete the education and experience sections if the Laboratory Director acts as the Quality Assurance Officer.</p> <p>Degree: _____ Major: _____</p>

<p>Quality Assurance Officer's Experience:</p> <p>Briefly describe the analytical laboratory experience. (Do Not attach a Resume)</p>	<p>Laboratory Name: _____</p> <p>Address: _____ <small>Street City State Zip Code</small></p> <p>Position held: _____ Dates: _____</p> <p>Duties: _____</p> <hr/> <p>Laboratory Name: _____</p> <p>Address: _____ <small>Street City State Zip Code</small></p> <p>Position held: _____ Dates: _____</p> <p>Duties: _____</p> <hr/> <p>Laboratory Name: _____</p> <p>Address: _____ <small>Street City State Zip Code</small></p> <p>Position held: _____ Dates: _____</p> <p>Duties: _____</p>
<p>Laboratory Director's Designee:</p>	<p>Will the Laboratory Director be present during normal laboratory operation hours? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, for how many hours per day? _____ If No, who will the laboratory director designate to supervise laboratory activities during his/her absence? Name: _____</p> <p>Degree/Major: _____ Years of analytical laboratory experience: _____</p>
<p>Laboratory Organization and Personnel</p>	<p>Attach an organizational chart and a list of personnel, clearly delineating qualifications, duties, and responsibilities.</p>
<p>Facility</p> <p>Provide a floor plan, which includes square footage for each area.</p>	<p>Is the building a residence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If a residence, are facilities provided for independent operation of the laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is the total linear feet of laboratory bench space? _____</p> <p>Does the laboratory have an HVAC system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the laboratory floor composed of non-porous material where acids, caustics and solvents are used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Indicate the number and size of exhaust fume hoods in use: Number of Hoods: _____ Size of Hoods: _____</p>
<p>Equipment:</p>	<p>Attach a list of all major laboratory equipment on-site, including manufacturer, model, serial number, and condition at the time of installation (new or used).</p>

Drinking Water Sample Collection Services:	Does your laboratory provide Drinking Water Sample Collection Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the Laboratory's Standard Operating Procedure for collecting Drinking Water Samples.
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QA Plan and Proficiency Testing: (IN-STATE LABS ONLY)	Indicate the proficiency testing programs that the lab participates in: _____ _____ Attach a copy of the Quality Assurance Plan.
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Out of State Laboratory Certification: (OUT-OF-STATE LABS ONLY)	Certification State: _____ Certification Number: _____ Certification Expiration Date: _____ Attach a copy of the current certificate(s) issued by the resident state, along with a copy of the most recent inspection report and the laboratory corrective action plan. If the resident state does not offer certification for a requested analyte, the laboratory may provide a current certificate from a NELAC state for that analyte. <u>A2LA or AIHA Certification is required for Environmental Lead Certification.</u>
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Options, Analytes and Methods Requested for Certification

TRY ALTERNATIVE "ELECTRONIC CERTIFIED PARAMETERS SELECTION TOOL". Saves time. Replaces tables on pages 5 – 9 of this application. (Requires MS Excel 2003 or newer version.) To download go <http://health.ri.gov/licensing/water/#labs> , select Analytical Laboratories and click on "Laboratory Certified Parameters Selection Tool" or contact: Henry.Leibovitz@health.ri.gov or (401) 222-5600 to request a copy.

Listed below are the analytes for which certification is offered. Please mark with a (✓) each analyte that you are requesting certification for and indicate the method number(s) used. Indicate the laboratory's MDL for all potable water regulated compounds. **Please note that the fee is based on the number of options selected, regardless of the number of analytes within the option.**

Option 1

potable water - microbiology - \$40.00		
✓	Analyte	Method Number
	Total Coliform	
	Fecal Coliform	
	E.Coli	
	Heterotrophic Plate Count	
	Enterococci	

Option 2

potable water - organic chemistry - \$70.00				potable water - organic chemistry Continued			
✓	Analyte	Method Number(s)	MDL	✓	Analyte	Method Number(s)	MDL
	Benzene*				Bromodichloromethane		
	1,2-Dichlorobenzene*				Chloroform		
	1,4-Dichlorobenzene*				Dibromochloromethane		
	1,1-Dichloroethene*				EDB (Ethylene dibromide)*		
	1,2-Dichloroethane*				DBCP (Dibromochloropropane)*		
	1,2-Dichloroethene (cis)*				Total Haloacetic Acids		
	1,2-Dichloroethene (trans)*				Dibromoacetic Acid*		
	1,2-Dichloropropane*				Dichloroacetic Acid*		
	Carbon Tetrachloride*				Monobromoacetic Acid*		
	Chlorobenzene*				Monochloroacetic Acid*		
	Ethylbenzene*				Trichloroacetic Acid*		
	Methylene Chloride*				Benzo(a)pyrene*		
	Styrene*				Di-2(ethylhexyl)adipate*		
	Tetrachloroethene*				Di-2(ethylhexyl)phthalate*		
	Toluene*				Hexachlorobenzene*		
	1,2,4-Trichlorobenzene*				Hexachlorocyclopentadiene*		
	1,1,1-Trichloroethane*				Alachlor*		
	1,1,2-Trichloroethane*				2,4-D*		
	Trichloroethene*				2,4,5-TP (Silvex)*		
	Vinyl Chloride*				Aldicarb		
	Xylenes (total)*				Aldicarb sulfone		
	MTBE				Aldicarb sulfoxide		
	Bromobenzene				Atrazine*		
	Bromochloromethane				Carbofuran*		
	Bromomethane				Chlordane (technical)*		
	Chloroethane				Dalapon*		
	Chloromethane				Dinoseb*		
	2-Chlorotoluene				Diquat*		
	4-Chlorotoluene				Endrin*		
	Dibromomethane				Endothall*		
	1,3-Dichlorobenzene				Glyphosate*		
	Dichlorodifluoromethane				Heptachlor*		
	1,1-Dichloroethane				Heptachlor epoxide*		
	1,3-Dichloropropane				Lindane*		
	2,2-Dichloropropane				Methoxychlor*		
	1,1-Dichloropropene				Oxamyl*		
	cis-1,3-Dichloropropene				Pentachlorophenol*		
	trans-1,3-Dichloropropene				Picloram*		
	Hexachlorobutadiene				Simazine*		
	Isopropylbenzene				Toxaphene*		
	n-Butylbenzene				PCB's (as Decachlorobiphenyl)*		
	n-Propylbenzene				PCB-1016		
	p-Isopropyltoluene				PCB-1221		
	sec-Butylbenzene				PCB-1232		
	tert-Butylbenzene				PCB-1242		
	1,2,3-Trichlorobenzene				PCB-1248		
	1,1,1,2-Tetrachloroethane				PCB-1254		
	1,1,2,2-Tetrachloroethane				PCB-1260		
	Trichlorofluoromethane				2,3,7,8-TCDD (dioxin)*		
	1,2,3-Trichloropropane				DCPA		
	1,2,4-Trimethylbenzene				Molinate		
	1,3,5-Trimethylbenzene				Aldrin		
	Bromoform				Butachlor		
	Perfluoropentanoic acid				Carbaryl		
	Perfluorobutanesulfonic acid				Dicamba		
	Perfluorooctanoic acid				Dieldrin		
	Perfluorononanoic acid				3-Hydrocarbofuran		
	Perfluorohexanesulfonic acid				Methomyl		
	Perfluorohexanoic acid				Metolachlor		
	Perfluoroheptanoic acid				Metribuzin		
	Perfluorodecanoic acid				Propachlor		
	Perfluorobutanesulfonic acid				1,4-Dioxane		

Option 3

potable water - inorganic chemistry - \$40.00				potable water - inorganic chemistry Continued			
✓	Analyte	Method Number(s)	MDL	✓	Analyte	Method Number(s)	MDL
	Alkalinity				Nitrite*		
	Aluminum				Orthophosphate		
	Antimony*				Perchlorate		
	Arsenic*				Potassium		
	Asbestos				Selenium*		
	Barium*				Silica		
	Beryllium*				Silver		
	Cadmium*				Sodium		
	Calcium				Sulfate		
	Chloride				Thallium*		
	Chromium*				Total Dissolved Solids		
	Conductivity				Total Organic Carbon		
	Copper*				Turbidity		
	Cyanide*				Zinc		
	Fluoride*				Bromide		
	Hardness				Free Residual Chlorine*		
	Iron				Total Residual Chlorine*		
	Lead*				UV254		
	Magnesium				DOC		
	Manganese				Bromate*		
	MBAS				Chlorate		
	Mercury*				Chlorite*		
	Nickel				pH		
	Nitrate*						

*Regulated compound (indicate the MDL)

Option 4

non-potable water - microbiology - \$40.00			non-potable water - microbiology - continued		
✓	Analyte	Method Number	✓	Analyte	Method Number
	Total Coliform			Enterococci	
	Fecal Coliform				

Option 5

non-potable water - organic chemistry- \$70.00			non-potable water - organic chemistry Continued		
✓	Analyte	Method Number	✓	Analyte	Method Number
	Acrolein			1,1-Dichloroethene	
	Acrylonitrile			1,2-Dichloropropane	
	Benzene			cis-1,3-Dichloropropene	
	Bromomethane			trans-1,3-Dichloropropene	
	Bromoform			Ethylbenzene	
	Carbon Tetrachloride			Methylene Chloride	
	Chlorobenzene			1,1,2,2-Tetrachloroethane	
	Chlorodibromomethane			Tetrachloroethene	
	Chloroethane			Toluene	
	Chloromethane			trans-1,2-Dichloroethene	
	2-Chloroethylvinyl Ether			1,1,1-Trichloroethane	
	Chloroform			1,1,2-Trichloroethane	
	Dichlorobromomethane			Trichloroethene	
	Dichlorodifluoromethane			Trichlorofluoromethane	
	1,1-Dichloroethane			Vinyl Chloride	
	1,2-Dichloroethane				

Option 5 Continued

non-potable water - organic chemistry Continued - \$70.00			non-potable water - organic chemistry Continued		
✓	Analyte	Method Number	✓	Analyte	Method Number
	Xylenes (total)			1,2,4-Trichlorobenzene	
	Acenaphthene			2-Chlorophenol	
	Acenaphthylene			2,4-Dichlorophenol	
	Anthracene			2,4-Dimethylphenol	
	Benzo(a)anthracene			2-Methyl-4,6-dinitrophenol	
	Benzo(a)pyrene			2,4-Dinitrophenol	
	Benzo(b)fluoranthene			2-Nitrophenol	
	Benzo(k)fluoranthene			4-Nitrophenol	
	Benzo(g,h,i)perylene			4-Chlorophenol-3-methylphenol	
	Bis(2-Chloroethoxy)Methane			Pentachlorophenol	
	Bis(2-chloroethyl)Ether			Phenol	
	Bis(2-chloroisopropyl) Ether			2,4,6-Trichlorophenol	
	Bis(2-ethylhexyl) Phthalate			Aldrin	
	4-Bromophenyl Phenyl Ether			alpha-BHC	
	Butylbenzyl Phthalate			beta-BHC	
	2-Chloronaphthalene			gamma-BHC (Lindane)	
	4-Chlorophenyl Phenyl Ether			delta-BHC	
	Chrysene			Chlordane (technical)	
	Dibenz[a,h]anthracene			4,4'-DDT	
	1,2-Dichlorobenzene			4,4'-DDE	
	1,3-Dichlorobenzene			4,4'-DDD	
	1,4-Dichlorobenzene			Dieldrin	
	3,3'-Dichlorobenzidine			Endosulfan I	
	Diethyl Phthalate			Endosulfan II	
	Dimethyl Phthalate			Endosulfan Sulfate	
	Di-n-butyl Phthalate			Endrin	
	2,4-Dinitrotoluene			Endrin Aldehyde	
	2,6-Dinitrotoluene			Heptachlor	
	Di-n-octyl Phthalate			Heptachlor Epoxide	
	Fluoranthene			Methoxychlor	
	Fluorene			PCB-1016	
	Hexachlorobenzene			PCB-1221	
	Hexachlorobutadiene			PCB-1232	
	Hexachlorocyclopentadiene			PCB-1242	
	Hexachloroethane			PCB-1248	
	Indeno[1,2,3-cd]pyrene			PCB-1254	
	Isophorone			PCB-1260	
	Naphthalene			Toxaphane	
	Nitrobenzene			2,3,7,8-TCDD(dioxin)	
	N-Nitrosodimethylamine			2,4-D	
	N-Nitrosodi-n-propylamine			2,4,5-TP(Silvex)	
	N-Nitrosodiphenylamine			2,4,5-T	
	Phenanthrene			Dicamba	
	Pyrene				

Option 6

non-potable water - inorganic chemistry - \$40.00			non-potable water - inorganic chemistry Continued		
✓	Analyte	Method Number	✓	Analyte	Method Number
	Alkalinity			Osmium	
	Aluminum			Potassium	
	Ammonia			Selenium	
	Antimony			Silver	
	Arsenic			Silica	
	Asbestos			Sodium	
	Barium			Sulfate	
	Beryllium			Sulfide	
	Boron			Sulfite	
	Bromide			Thallium	
	Cadmium			Tin	
	Calcium			Titanium	
	Chloride			Vanadium	
	Chromium (total)			Zinc	
	Hexavalent chromium			Total Cyanide	
	Cobalt			Kjeldahl Nitrogen	
	Copper			Oil & Grease	
	Fluoride			pH	
	Hardness			Total Phenols	
	Iron			5-Day BOD	
	Lead			CBOD	
	Magnesium			COD	
	Manganese			Specific Conductance	
	MBAS			Total Phosphorous	
	Mercury			Total Suspended Solids	
	Molybdenum			Total Dissolved Solids	
	Nickel			Total Solids	
	Nitrate			Total Organic Carbon	
	Nitrite			Total Residual Chlorine	
	Orthophosphate				

Option 7

Radiochemistry - \$70.00			Radiochemistry Continued		
✓	Analyte	Method Number	✓	Analyte	Method Number
	Cesium 134			Radium 228	
	Gross alpha			Strontium 89	
	Gross Beta			Strontium 90	
	Iodine 131			Tritium	
	Radium 226			Uranium	

Option 8

Environmental Lead - \$40.00		
✓	Analyte	Method Number
	Lead in paint	
	Lead in soil	
	Lead in dust wipes	

Fee Computation:	<u>Fee</u>	<u>Amount Owed</u>
Complete the fee calculation table to determine fees owed (when one or more analytes in a category are checked as requested for certification, the fee is owed for that category).	1) Required Administrative Fee	\$330.00 ----- _____
	2) Option 1 – Potable water – Microbiology	\$40.00 ----- _____
	3) Option 2 – Potable water Organic Chemistry	\$70.00 ----- _____
	4) Option 3 – Potable water - Inorganic Chemistry	\$40.00 ----- _____
	5) Option 4 – Non-potable water – Microbiology	\$40.00 ----- _____
	6) Option 5 – Non-potable water - Organic Chemistry	\$70.00 ----- _____
	7) Option 6 – Non-potable water - Inorganic Chemistry	\$40.00 ----- _____
	8) Option 7 – Radiochemistry	\$70.00 ----- _____
	9) Option 8 – Environmental Lead	\$40.00 ----- _____
	Add items 1) through 9) to determine total amount owed:	Total Amount Owed = \$ _____

FEIN Number: (Federal Employer Identification Number) Note: If you are a sole proprietor this number may be your Social Security Number.	<p>Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.</p> <p>If the below SSN/FEIN is missing or incorrect, please provide:</p>
SSN/F.E.I.N. Number:	SSN/F.E.I.N. Number: _____

Affidavit of Applicant Read, sign, and date this affidavit.	AFFIDAVIT AND SIGNATURE This Application Must be Signed						
	<p>I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of certification in the State of Rhode Island.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <p>I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.</p>						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> _____ Signature of Authorized Person </td> <td style="width: 40%; border: none;"> _____ Date of Signature (MM/DD/YY) </td> </tr> <tr> <td style="border: none;"> _____ Printed Name of Authorized Person </td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"> _____ Title of Authorized Person </td> <td style="border: none;"></td> </tr> </table>	_____ Signature of Authorized Person	_____ Date of Signature (MM/DD/YY)	_____ Printed Name of Authorized Person		_____ Title of Authorized Person	
_____ Signature of Authorized Person	_____ Date of Signature (MM/DD/YY)						
_____ Printed Name of Authorized Person							
_____ Title of Authorized Person							
	<p>Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.</p>						

Application Review List

- I have answered all questions and have signed the application where required.
- I have enclosed ONE check/money order made payable (in U.S. funds, only) to “General Treasurer, State of Rhode Island.” I have not sent cash.
- I have read the Rules and Regulations for Certifying Analytical Laboratories (R23-16.2-A/LAB, as amended).
- I have attached a copy of the diploma for each the Laboratory Director and the Quality Assurance Officer.
- I have attached an organization chart and a list of personnel, clearly delineating qualifications, duties, and responsibilities.
- I have attached a floor plan of the facility that includes the square footage for each area.
- (IN-STATE LABS) I have attached a copy of the Quality Assurance Plan and have indicated the proficiency testing programs in which the lab participates.
- (OUT-OF-STATE LABS) I have attached a copy of the current certificate issued by the resident state or a current certificate from a NELAC state and a copy of the most recent inspection report and corrective action plan.
- For Environmental Lead Certification, I have enclosed a copy of A2LA or AIHA Certification.