



# LELAP

**LOUISIANA ENVIRONMENTAL LABORATORY  
ACCREDITATION PROGRAM**

## **LABORATORY AND STACK TESTER ACCREDITATION APPLICATION**

### **APPLICATION CHECKLIST**

### **CHECKLIST OF REQUIRED SUBMITTALS**

The following items are required to be submitted as part of your application for laboratory accreditation. Refer to instructions for each labeled application part. Please type or print legibly.

If you have any questions, please contact the LELAP at [LDEQ.LabAccreditationProgram@LA.GOV](mailto:LDEQ.LabAccreditationProgram@LA.GOV).

Submit to <b>LELAP</b> by Mail, Email, File Drop, or Delivery	<input type="checkbox"/> Part A Basic Information Form	pp. 2-3
	<input type="checkbox"/> Part B Laboratory Management Qualifications Summary	pp. 4-6
	<input type="checkbox"/> Part C Quality Management System Checklist (State or NELAP)	p. 7
Submit to LELAP by Mail, Delivery, or Online	<input type="checkbox"/> Part D Application Fee Payment Information	pp. 8-9
Submit Electronically to <b>LELAP</b> by Email <b>AND</b> Hardcopy to <b>LELAP</b> by Mail or Delivery	<input type="checkbox"/> Part E Scope (Fields) of Accreditation Request	pp. 10-11
Submit signed original to <b>LELAP</b> by Mail or Delivery	<input type="checkbox"/> Part F Certification of Compliance (Signed Original-Not a Copy)	p. 12
Submit to <b>LELAP</b> by Mail, Email, File Drop, or Delivery	<input type="checkbox"/> Part G Laboratory Quality Assurance Manual	p. 13
	<input type="checkbox"/> Part H Laboratory Standard Operating Procedures	p. 14
	<input type="checkbox"/> Part I Proficiency Testing Studies /Approved Alternative	p. 15
	<input type="checkbox"/> Part J Certificate & Scope (Secondary Accreditation Only)	p. 16

### **FOR APPLICATION SUBMITTAL**

#### File Drop

Notify LELAP if you will submit using your file drop

#### Email Address

[LDEQ.LabAccreditationProgram@LA.GOV](mailto:LDEQ.LabAccreditationProgram@LA.GOV)

#### Address for U.S. Mail

LELAP  
Office of Environmental Services  
LA Dept. of Environmental Quality  
P. O. Box 4313  
Baton Rouge, LA 70821-4313

#### Address for Service Carrier or Hand-Delivery

LELAP  
Office of Environmental Services  
LA Dept. of Environmental Quality  
Galvez Bldg. / 602 North 5<sup>th</sup> St.  
Baton Rouge, LA 70802

### **FOR APPLICATION FEE SUBMITTAL**

#### Address for U.S. Mail


LELAP  
Office of Environmental Services  
LA Dept. of Environmental Quality  
P. O. Box 4311  
Baton Rouge, LA 70821-4311

#### Address for Service Carrier or Hand-Delivery

LELAP  
Office of Environmental Services  
LA Dept. of Environmental Quality  
Galvez Bldg. / 602 North 5<sup>th</sup> St.  
Baton Rouge, LA 70802

#### Online Payments

<https://business.deq.louisiana.gov/>

	<h1>LELAP</h1> <p>LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM</p> <h2>APPLICATION</h2>	<b>FOR OFFICE USE ONLY</b>	
		Check No.	
		Check Amount/Date	
		LELAP Lab ID No.	
		Agency Interest No.	
		EPA Lab ID	
<b>PART A</b>	<b>BASIC INFORMATION FORM</b>	Mobile Lab ID	

I. GENERAL INFORMATION						
Name of Facility _____				Agency Interest No. _____		
Facility Hours _____						
Facility Geographic Location		Latitude _____	Longitude _____			
Addresses	Street or P.O. Box _____	City _____	State _____	Zip _____	Parish _____	
Physical	_____					
Mailing	_____					
Billing	_____					
Driving Description	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>					

II. TYPE OF LELAP ACCREDITATION REQUESTED				
<input type="checkbox"/>	State-only	<input type="checkbox"/>	Primary	In accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation"
<input type="checkbox"/>	NELAP	<input type="checkbox"/>	Primary	In accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation" and the 2016 TNI Standard
		<input type="checkbox"/>	Secondary	
<input type="checkbox"/>	Other Recognized Accreditation Body (AB)	<input type="checkbox"/>	Secondary	In accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation" and all the provisions and standards of the respective accreditation body (EX: AASHTO by AAP; ISO 17025 by GAI-LAP and NVLAP; NLLP by AIHA or A2LA; NEFAP by A2LA; or AIHA Policy Module by AIHA)
<input type="checkbox"/>	Combination of Accreditation Types			See requested scope

III. PURPOSE AND TYPE OF APPLICATION	IV. LABORATORY TYPE
<input type="checkbox"/> Initial Accreditation <input type="checkbox"/> Reaccreditation <input type="checkbox"/> Modify Scope of Accreditation <input type="checkbox"/> Renewal Accreditation <input type="checkbox"/> Change of Address, Ownership, or Key Staff <input type="checkbox"/> Other _____	<input type="checkbox"/> Small Commercial Laboratory <input type="checkbox"/> Commercial Mobile/Field Laboratory <input type="checkbox"/> Commercial Louisiana (Local or State) or Federal Laboratory <input type="checkbox"/> Non-Commercial Industrial Laboratory <input type="checkbox"/> Non-Commercial Local or State Laboratory (Not in Louisiana) <input type="checkbox"/> Non-Commercial Louisiana (Local or State) or Federal Laboratory <input type="checkbox"/> Commercial Laboratory

**LELAP**

**LOUISIANA ENVIRONMENTAL LABORATORY  
ACCREDITATION PROGRAM  
APPLICATION**

**PART A (cont'd)****BASIC INFORMATION FORM****V. OWNER**

Name \_\_\_\_\_

Street or P. O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**VI. PRIMARY CONTACT-DESIGNATED TO ACT AS LABORATORY REPRESENTATIVE**

Name \_\_\_\_\_ Title \_\_\_\_\_

Dept. \_\_\_\_\_

Street or P. O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**VII. OTHER KEY CONTACTS**

Name of Responsible Official \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name of Lab Technical Director \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_


Name of Quality Assurance Officer \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**VIII. INSTRUMENTS USED**

	<h1>LELAP</h1> <p>LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM</p> <h2>APPLICATION</h2>	<b>FOR OFFICE USE ONLY</b>	
		LELAP Lab ID No.	
		Agency Interest No.	
		EPA Lab ID	
		Mobile Lab ID	
<b>PART B</b>	<b>LABORATORY MANAGEMENT QUALIFICATIONS</b>	Applicant	<input type="checkbox"/> meets requirements <input type="checkbox"/> does not meet requirements

I. GENERAL INFORMATION											
Title <u>LAB TECHNICAL DIRECTOR</u>						Date Started Current Position _____					
Name _____						Phone _____					
Discipline(s) <input type="checkbox"/> Chemical Analysis (CHEM) <input type="checkbox"/> Microbiology (MICROB) <input type="checkbox"/> Quality Assurance (QA) (Select all that apply) <input type="checkbox"/> Radiochemistry (RADIO) <input type="checkbox"/> Microscopy (MICROS) <input type="checkbox"/> Other (OTH) _____											
II. EDUCATION											
From Mon/Yr	To Mon/Yr	College/University	City, State	Major & Degree	Year Completed	Semester Credit Hours Per Discipline					
						CHEM:		MICROB:		QA:	
						RADIO:		MICROS:		OTH:	
						CHEM:		MICROB:		QA:	
						RADIO:		MICROS:		OTH:	
						CHEM:		MICROB:		QA:	
						RADIO:		MICROS:		OTH:	
III. TECHNICAL TRAINING											
From Mon/Yr	To Mon/Yr	Technical Trade/Service	City, State	Subject & Certificate	Year Completed	Semester Credit Hours Per Discipline					
						CHEM:		MICROB:		QA:	
						RADIO:		MICROS:		OTH:	
IV. RELEVANT EXPERIENCE											
From Mon/Yr	To Mon/Yr	Employer Name	City, State	Job Title & Description							
V. ADDITIONAL TRAINING OR EXPERIENCE, IF ANY (ATTACH EXTRA PAGE, IF NEEDED)											


	<b>LELAP</b> LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM <b>APPLICATION</b>	FOR OFFICE USE ONLY	
	Applicant	<input type="checkbox"/> meets requirements <input type="checkbox"/> does not meet requirements	
<b>PART B (cont'd)</b>		<b>LABORATORY MANAGEMENT QUALIFICATIONS</b>	

VI. GENERAL INFORMATION											
<b>Title</b> QUALITY ASSURANCE OFFICER						<b>Date Started Current Position</b> _____					
<b>Name</b> _____						<b>Phone</b> _____					
Discipline(s) <input type="checkbox"/> Chemical Analysis (CHEM) <input type="checkbox"/> Microbiology (MICROB) <input type="checkbox"/> Quality Assurance (QA) (Select all that apply) <input type="checkbox"/> Radiochemistry (RADIO) <input type="checkbox"/> Microscopy (MICROS) <input type="checkbox"/> Other (OTH) _____											
VII. EDUCATION											
From Mon/Yr	To Mon/Yr	College/University	City, State	Major & Degree	Year Completed	Semester Credit    Hours Per Discipline					
						CHEM:		MICROB:		QA:	
						RADIO:		MICROS:		OTH:	
						CHEM:		MICROB:		QA:	
						RADIO:		MICROS:		OTH:	
						CHEM:		MICROB:		QA:	
						RADIO:		MICROS:		OTH:	
VIII. TECHNICAL TRAINING											
From Mon/Yr	To Mon/Yr	Technical Trade/Service	City, State	Subject & Certificate	Year Completed	Semester Credit    Hours Per Discipline					
						CHEM:		MICROB:		QA:	
						RADIO:		MICROS:		OTH:	
IX. RELEVANT EXPERIENCE											
From Mon/Yr	To Mon/Yr	Employer Name	City, State	Job Title & Description							
X. ADDITIONAL TRAINING OR EXPERIENCE, IF ANY (ATTACH EXTRA PAGE, IF NEEDED)											

	<b>LELAP</b> LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM APPLICATION	<b>FOR OFFICE USE ONLY</b>	
		Applicant	<input type="checkbox"/> meets requirements <input type="checkbox"/> does not meet requirements
<b>PART B (cont'd)</b>		<b>LABORATORY MANAGEMENT QUALIFICATIONS</b>	

**ALL OTHER PERSONNEL** Please make copies of this page for additional personnel. Please note primary responsibilities. A roster may be submitted with more than 20 staff members.

XI. GENERAL INFORMATION												
Title _____				Date Started Current Position _____								
Name _____				Phone _____								
Discipline(s) (Select all that apply)				<input type="checkbox"/> Chemical Analysis (CHEM)			<input type="checkbox"/> Microbiology (MICROB)			<input type="checkbox"/> Quality Assurance (QA)		
				<input type="checkbox"/> Radiochemistry (RADIO)			<input type="checkbox"/> Microscopy (MICROS)			<input type="checkbox"/> Other (OTH) _____		
XII. EDUCATION												
From Mon/Yr	To Mon/Yr	College/University	City, State	Major & Degree	Year Completed	Semester Credit Hours Per Discipline						
						CHEM:		MICROB:		QA:		
						RADIO:		MICROS:		OTH:		
						CHEM:		MICROB:		QA:		
						RADIO:		MICROS:		OTH:		
						CHEM:		MICROB:		QA:		
						RADIO:		MICROS:		OTH:		
XIII. TECHNICAL TRAINING												
From Mon/Yr	To Mon/Yr	Technical Trade/Service	City, State	Subject & Certificate	Year Completed	Semester Credit Hours Per Discipline						
						CHEM:		MICROB:		QA:		
						RADIO:		MICROS:		OTH:		
XIV. RELEVANT EXPERIENCE												
From Mon/Yr	To Mon/Yr	Employer Name	City, State	Job Title & Description								
XV. ADDITIONAL TRAINING OR EXPERIENCE, IF ANY												

	<h1>LELAP</h1> <p>LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM</p> <h2>APPLICATION</h2>	FOR OFFICE USE ONLY	
		LELAP Lab ID No.	
		Agency Interest No.	
		EPA Lab ID	
		Mobile Lab ID	
<b>PART C</b>	<b>QUALITY MANAGEMENT SYSTEM CHECKLIST</b>		

Please provide documentation of the laboratory's compliance with the applicable requirements as indicated in II, III, or IV.

*NOTE: If your checklist responses reference any quality management system documents other than the laboratory's QA Manual or an SOP, label as "Part C" and attach to the checklist submittal. The application package must include submittal of the laboratory's QA Manual (labeled as "Part G") and SOPs (labeled as "Part H").*

### I. FACILITY IDENTIFICATION

Name of Facility \_\_\_\_\_ Agency Interest No. \_\_\_\_\_

### II. STATE-ONLY ACCREDITATION

For State-only Accreditation, in accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation," complete the [State Checklist](#).

For each requirement, indicate document name, section and/or page number where laboratory's compliance with the state requirement is documented.

**NOTE: Submission of the checklist IS NOT required at this time. LELAP may request this information at a later date.**

### III. NELAP ACCREDITATION

For NELAP Accreditation, in accordance with all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation" and the 2016 TNI Standard, complete the [NELAP Checklist](#).

For each requirement, indicate document name, section and/or page number where laboratory's compliance with the NELAP requirement is documented.


**NOTE: Submission of the checklist IS NOT required at this time. LELAP may request this information at a later date.**

### IV. OTHER RECOGNIZED ACCREDITATION

For other recognized accreditation, in accordance with all the provisions and standards of AASHTO by AAP, ISO 17025 by GAI-LAP and NVLAP, NLLP by AIHA or A2LA, NEFAP by A2LA, or AIHA Policy Module by AIHA, provide the completed checklist required by the respective accreditation body.

For each requirement, indicate document name, section and/or page number where laboratory's compliance with the respective requirement is documented.

**NOTE: Submission of the checklist IS NOT required at this time. LELAP may request this information at a later date.**

	<h1>LELAP</h1> <p>LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM</p> <h2>APPLICATION</h2>	FOR OFFICE USE ONLY	
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		Agency Interest No.	
		EPA Lab ID	
		Mobile Lab ID	
<b>PART D</b>	<b>FEE PAYMENT INFORMATION</b>		

**\*\*ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE\*\***

All LELAP application fees must be submitted to LELAP using one of the appropriate addresses listed on the cover page/checklist (p. 1) or on the fee page (p. 9) of this application. Application fees are due to LELAP at the time of the application submission and every three years from the date the application was received by the LDEQ. Please see the following page for fee amounts. If the correct fee amount is not submitted, a LELAP staff member will contact you.

**NOTE:** *Invoiced fees must be submitted as indicated on p. 9.*

**NOTE:** *No application review occurs until LELAP verifies that the correct fee amount has been received.*

Please provide the following information regarding your fee payment.

### I. FACILITY IDENTIFICATION

Name of Facility \_\_\_\_\_ Agency Interest No. \_\_\_\_\_

### II. FEE PAYMENT TYPE

☐ Check      Amount \$ \_\_\_\_\_      Check Date \_\_\_\_\_      Check No. \_\_\_\_\_  
☐ Money Order      Amount \$ \_\_\_\_\_      Money Order Date \_\_\_\_\_      Money Order No. \_\_\_\_\_  
☐ Online      Amount \$ \_\_\_\_\_      Transaction Date \_\_\_\_\_      Receipt No. \_\_\_\_\_

### III. METHOD OF SUBMITTAL

☐ U.S. Mail  
☐ Service Carrier  
☐ Hand-Delivery  
☐ Online

***Submit this page to LELAP as indicated on the cover page/checklist (p. 1) of this application.***





**LELAP**  
**LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM**  
**FEE PAYMENT INFORMATION**

**\*\*ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE\*\***

In accordance with LAC 33:I.4707.D, effective July 1, 2022, the fees associated with laboratory accreditations are as follows:

Fee Category	Type of LELAP Accreditation Requested					
	State		NELAP		Other Recognized	
	Laboratories in LA	Laboratories Outside LA	Laboratories in LA	Laboratories Outside LA	Laboratories in LA	Laboratories Outside LA
Accreditation application fee payable for initial accreditation, every scope amendment, and every three-year renewal	\$ 726	\$ 1,089	\$ 1,089	\$ 1,452	\$ 726	\$ 1,089
Per major test category per matrix payable every year	\$ 363	\$ 545	\$ 545	\$ 726	\$ 363	\$ 545
Minor conventional category payable every year	\$ 290	\$ 435	\$ 435	\$ 580	\$ 290	\$ 435
Annual surveillance and evaluation applicable to minor conventional facilities and facilities applying for only one category of accreditation	\$ 363	\$ 545	\$ 545	\$ 726	\$ 363	\$ 545
Annual fee for dependent mobile laboratories, per mobile laboratory	\$ 363	\$ 545	\$ 545	\$ 726	\$ 363	\$ 545
Interim accreditation application fee, at the discretion of the LDEQ (see LAC 33:I.4703.E)	\$ 1,452	\$ 2,178	\$ 2,178	\$ 2,904	\$ 1,452	\$ 2,178
Proficiency samples biannually	to be purchased by the laboratory					
Bioassay/biomonitoring annually	to be purchased by the laboratory					
Third-party audit	to be billed directly to the laboratory					

**The major test category-matrices are as follows:**

AE-Metals	AE-Asbestos	NPW-Nutrients	NPW-Minor Conventional	SCM-Radiochemistry
AE-Air Pollutants	BT-Metals	NPW-Microbiology	SCM-Metals	SCM-Asbestos
AE-Nutrients	BT-Nutrients	NPW-Bioassay	SCM-Nutrients	SCM-Geotechnical
AE-Microbiology	BT-Organics	NPW-Organics	SCM-Microbiology	SCM-Minor Conventional
AE-Organics	BT-Dioxins	NPW-Dioxins	SCM-Bioassay	
AE-Dioxins	BT-Radiochemistry	NPW-Radiochemistry	SCM-Organics	
AE-Radiochemistry	NPW-Metals	NPW-Asbestos	SCM-Dioxins	

*NOTE: New applicants: See the scope application spreadsheet to match the methods and analytes with the test category-matrix combinations to determine the total test category-matrix fee.*

*NOTE: Accredited labs: Ask your assessor for a spreadsheet of your current scope.*

**All fees must be submitted to the LELAP using one of the following:**

Application Fee (U.S. Mail)

LELAP  
Office of Environmental Services  
LA Dept. of Environmental Quality  
P. O. Box 4311  
Baton Rouge, LA 70821-4311

Application Fee (Service Carrier/Hand Delivery)

LELAP  
Office of Environmental Services  
LA Dept. of Environmental Quality  
Galvez Bldg. / 602 North 5<sup>th</sup> St.  
Baton Rouge, LA 70802


Other Invoiced Fees

State of LA  
DEQ  
P. O. Box 733676  
Dallas, TX 75373-3676

Online Payments

<https://business.deq.louisiana.gov/>

**PLEASE NOTE: Application fees are due at the time of the application submission** and every three years from the date the application was received by the LDEQ. If invoices are issued for other fees, submit payment and payment coupon as indicated on the invoice. Alternatively, all LELAP fees may be paid online <https://business.deq.louisiana.gov/>. Test category-matrix fees (surveillance and evaluation fees, and NELAP accreditation fees, if applicable) are payable after the application and/or the initial audit is determined to be complete during the current fiscal year, then prior to the start of the next fiscal year. Audit fees for audits performed by LELAP personnel are due as stated in the invoice issued by the LDEQ Financial Services Division.

	<b>LELAP</b> LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM <b>APPLICATION</b>	<b>FOR OFFICE USE ONLY</b>	
		LELAP Lab ID No.	
		Agency Interest No.	
		EPA Lab ID	
		Mobile Lab ID	
<b>PART E</b>	<b>SCOPE OF ACCREDITATION REQUEST</b>		

Please provide the required information to LELAP regarding the requested scope of accreditation.

## I. FACILITY IDENTIFICATION

Name of Facility \_\_\_\_\_ Agency Interest No. \_\_\_\_\_

## II. REQUESTED SCOPE OF ACCREDITATION

### A. Selection of Matrix/Method/Analyte Combinations

You must select the matrix/method/analyte combinations for which you are seeking accreditation. Complete the [Lab Accreditation Scope of Accreditation Request Spreadsheet](#).

If clicking on the above link does not take you to the request form, paste the address,

<https://www.deq.louisiana.gov/index.cfm/page/71076824-A86C-2FCA-CC901431BD2C8B34>, into the address bar of a new browser window. On the "Applying for Accreditation" screen, select *Scope of Accreditation Request Spreadsheet*.

*NOTE: See the [guidance](#) document for instructions on properly completing the spreadsheet.*

***Label the electronic submittal of your requested scope of accreditation document "PART E" and submit to LELAP as indicated on the cover page/checklist (p. 1) of this application.***

***AND***

***Attach this page to the hard copy of your requested scope of accreditation document and submit to LELAP as indicated on the cover page/checklist (p. 1) of this application.***

### B. New Field of Accreditation (FOA) Request

If the matrix/method/analyte combination that you are seeking does not currently exist on the above *Scope of Accreditation Request Spreadsheet*, then use the *New Field of Accreditation (FOA) Request Form* on p. 11. Use a request form for each new matrix/method/analyte combination requested (copy p. 11 as needed).

***AND***

***Submit p. 11 to LELAP as indicated on the cover page/checklist (p. 1) of this application.***



# LELAP

LOUISIANA ENVIRONMENTAL LABORATORY  
ACCREDITATION PROGRAM

## APPLICATION

FOR OFFICE USE ONLY

LELAP Lab ID No.

Agency Interest No.

EPA Lab ID

Mobile Lab ID

PART E (cont'd)

SCOPE OF ACCREDITATION - NEW FIELD OF ACCREDITATION (FOA) REQUEST

Complete this form **ONLY** if your requested Matrix/Method/Analyte combination is not found in the [Lab Accreditation Scope of Accreditation Request Spreadsheet](#)

Use a separate form for each Matrix/Method/Analyte combination (copy this page as needed). All requests will be evaluated by LELAP. Submission of request does not guarantee approval.

### I. FACILITY IDENTIFICATION

Name of Facility \_\_\_\_\_ Agency Interest No. \_\_\_\_\_

### II. PURPOSE OF ACCREDITATION

☐ Lab intends to submit data to LDEQ to satisfy regulatory requirement(s)

☐ Lab data is intended for other function

### III. INFORMATION REGARDING REQUESTED SCOPE OF ACCREDITATION

#### Type of Accreditation Requested

☐ State-Only      ☐ NELAP      ☐ Other Recognized Accreditation \_\_\_\_\_  
☐ Primary      ☐ Primary      ☐ Secondary  
☐ Secondary

#### Matrix

☐ Non-Potable Water      ☐ Solid Chemical Materials      ☐ Air Emissions      ☐ Biological Tissue

Method Name \_\_\_\_\_ (Example: EPA 200.7)

Method NELAP Code \_\_\_\_\_ (Example: 10014207)

Method Title or Description \_\_\_\_\_

Method Revision (if known) \_\_\_\_\_ Method Date (if known) \_\_\_\_\_


Technology Used \_\_\_\_\_ (Example: GC-FID, Ion Selective Electrode, etc.)

Test Categories \_\_\_\_\_

Analyte Name(s)

Analyte NELAP Code(s)

**Submit this page to LELAP as indicated on the cover page/checklist (p. 1) of this application.**

	<h1>LELAP</h1> <p><b>LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM</b></p> <h2>APPLICATION</h2>	<b>FOR OFFICE USE ONLY</b>	
		LELAP Lab ID No.	
		Agency Interest No.	
		EPA Lab ID	
		Mobile Lab ID	
<b>PART F</b>	<b>CERTIFICATION OF COMPLIANCE</b>		

Please indicate whether you are certifying compliance with State and TNI Standard (NELAP) accreditation requirements; State and other recognized accreditation requirements; OR State-only accreditation requirements by checking ONE of the boxes below. Submit the signed original (NOT A COPY) of this form to LELAP with an initial application or an update by mail or delivery to the appropriate address as shown on the cover page/checklist (p. 1) of this application form.

Name of Facility \_\_\_\_\_ Agency Interest No. \_\_\_\_\_

**CERTIFICATION OF COMPLIANCE**  
(For Application or Update)

I have read LAC 33:I.Subpart 3, the Louisiana Environmental Laboratory Accreditation Rule.

In accordance with that Rule, as the designated Laboratory Representative, I submit this completed certification to the Louisiana Environmental Laboratory Accreditation Program. I attest that the information in this certification is, to the best of my knowledge and belief, true and correct, and I am aware that any misrepresentations or falsifications made to the LDEQ constitute grounds for further suspension, discreditation, or denial of accreditation.

In accordance with LAC 33:I.5707, I agree to notify the Louisiana Environmental Laboratory Accreditation Program within 30 days of changes in laboratory name, laboratory representative, ownership, laboratory technical director, location, personnel, facilities, equipment, methods, and/or record keeping practices, or any other factors significantly affecting the performance of the analyses for which the laboratory was accredited.

I understand and acknowledge that the laboratory is required to be continually in compliance with:

**Check this box for state-only accreditation**

→ ☐ all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation"

**OR**

**Check this box for NELAP accreditation**

→ ☐ all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation" and the 2016 TNI Standard

**OR**

**Check this box for other recognized accreditation**

→ ☐ all the provisions and standards set forth in the Louisiana Administrative Code (LAC), Title 33, Chapter I, Subpart 3, "Laboratory Accreditation" and all the provisions and standards of the respective accreditation body

and that the laboratory shall be subject to suspension, revocation, and denial of accreditation in accordance with the provisions of LAC 33:I.5705.

I hereby certify that I am authorized to sign this certification on behalf of the applicant/owner and that there are no misrepresentations in my answer to the questions on this certification.

TYPED OR PRINTED NAMES BELOW

SIGNATURES BELOW

\_\_\_\_\_  
Authorized Agent/Representative

\_\_\_\_\_  
Authorized Agent/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lead Laboratory Manager/Lead Technical Director

\_\_\_\_\_  
Lead Laboratory Manager/Lead Technical


\_\_\_\_\_  
Date

\_\_\_\_\_  
Quality Assurance Officer

\_\_\_\_\_  
Quality Assurance Officer

\_\_\_\_\_  
Date

**Submit signed original (NOT A COPY) to LELAP as indicated on cover page/checklist (p. 1) of this application form.**

	<h1>LELAP</h1> <p>LOUISIANA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM</p> <h2>APPLICATION</h2>	FOR OFFICE USE ONLY	
		LELAP Lab ID No.	
		Agency Interest No.	
		EPA Lab ID	
		Mobile Lab ID	
<b>PART G</b>	<b>LABORATORY QUALITY ASSURANCE (QA) MANUAL</b>		

Submission of your laboratory's QA Manual is required for the following applications for primary accreditation by LELAP:

- Initial accreditation;
- Renewal of accreditation;
- Reaccreditation; and
- Modification of scope of accreditation.

**NOTE:** Please refer to the appropriate checklist (see PART C) to ensure that your laboratory's QA Manual contains the required information.

### I. FACILITY IDENTIFICATION

Name of Facility \_\_\_\_\_ Agency Interest No. \_\_\_\_\_

### II. APPLICATION TYPE

Please Mark Application Type	Submit QA Manual Information as Indicated Below
<input type="checkbox"/> Primary Accreditation by LELAP (NELAP or State-Only) <input type="checkbox"/> Initial accreditation <input type="checkbox"/> Renewal of accreditation <input type="checkbox"/> Reaccreditation <input type="checkbox"/> Modification of scope of accreditation	<p>Submission of your QA Manual IS required.</p> <p><b>Attach this page to your laboratory's QA Manual and submit to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</b></p>
<input type="checkbox"/> Secondary Accreditation by LELAP (NELAP or Other Recognized Accreditation) <input type="checkbox"/> Initial accreditation <input type="checkbox"/> Renewal of accreditation <input type="checkbox"/> Reaccreditation <input type="checkbox"/> Modification of scope of accreditation	<p>Submission of your QA Manual IS NOT required at this time.</p> <p><b>NOTE: LELAP may request this information at a later date.</b></p> <p><b>Submit this page to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</b></p>

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<b>PART H</b>	<b>LABORATORY STANDARD OPERATING PROCEDURES (SOPS)</b>		

Submission of your laboratory's SOPs is required for the following applications for primary accreditation by LELAP:

- Initial accreditation;
- Renewal of accreditation;
- Reaccreditation; and
- Modification of scope of accreditation.


**NOTE:** Please refer to the appropriate checklist (see PART C) to ensure that your laboratory's SOPs contain the required information.

### I. FACILITY IDENTIFICATION

Name of Facility \_\_\_\_\_ Agency Interest No. \_\_\_\_\_

### II. APPLICATION TYPE

Please Mark Application Type	Submit SOP Information as Indicated Below
<input type="checkbox"/> Primary Accreditation by LELAP (NELAP or State-Only) <ul style="list-style-type: none"> <li><input type="checkbox"/> Initial accreditation</li> <li><input type="checkbox"/> Renewal of accreditation</li> <li><input type="checkbox"/> Reaccreditation</li> <li><input type="checkbox"/> Modification of scope of accreditation</li> </ul>	<p>Submission of your SOPs IS required.</p> <p><b>Attach this page to your laboratory's SOPs and submit to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</b></p>
<input type="checkbox"/> Secondary Accreditation by LELAP (NELAP or Other Recognized Accreditation) <ul style="list-style-type: none"> <li><input type="checkbox"/> Initial accreditation</li> <li><input type="checkbox"/> Renewal of accreditation</li> <li><input type="checkbox"/> Reaccreditation</li> <li><input type="checkbox"/> Modification of scope of accreditation</li> </ul>	<p>Submission of your SOPs IS NOT required at this time.</p> <p><b>NOTE: LELAP may request this information at a later date.</b></p> <p><b>Submit this page to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</b></p>

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<b>PART I</b>	<b>PROFICIENCY TESTING (PT) STUDIES</b>		

Please provide copies of your laboratory's Proficiency Testing Studies. Any alternative submittal\* must be approved in advance by LELAP.


### I. FACILITY IDENTIFICATION

Name of Facility \_\_\_\_\_ Agency Interest No. \_\_\_\_\_

### II. TYPE OF ACCREDITATION REQUEST

Please Mark Accreditation Type	Submit PT Study Information as Indicated Below
<input type="checkbox"/> Primary Accreditation by LELAP (State-Only)	<p>Provide results of the most recent successful PT study for each parameter for which accreditation is requested (ONE set of study results).</p> <p><b>Attach this page to your laboratory's PT studies/ approved alternative* and submit to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</b></p>
<input type="checkbox"/> Primary Accreditation by LELAP (NELAP)	<p>Provide results of the TWO most recent successful PT studies for each parameter for which accreditation is requested.</p> <p><b>Attach this page to your laboratory's PT studies/ approved alternative* and submit to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</b></p>
<input type="checkbox"/> Secondary Accreditation by LELAP (NELAP)	<p>Submission of your PT study results IS NOT required at this time.</p> <p><b>NOTE: LELAP may request this information at a later date.</b></p> <p><b>Submit this page to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</b></p>
<input type="checkbox"/> Secondary Accreditation by LELAP (Other Recognized Accreditation)	<p>Submission of your PT study results IS NOT required at this time.</p> <p><b>NOTE: LELAP may request this information at a later date.</b></p> <p><b>Submit this page to LELAP using the appropriate address as listed on the cover page/checklist (p. 1) of this application.</b></p>

\* Analytical Data Package for each parameter for which there is no PT study available

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<b>PART J</b>	<b>CERTIFICATE AND SCOPE (FOR SECONDARY ACCREDITATION REQUESTS, ONLY)</b>		

**NOTE: This section pertains only to applicants who are requesting secondary accreditation from LELAP.**

For secondary accreditation by LELAP, copies of your current certificate and scope of accreditation issued to your facility from your primary accreditation body must be provided to LELAP.

*NOTE: You must arrange for these copies to be issued directly from the Primary Accreditation Body to LELAP.*

*NOTE: Copies may be submitted by mail, email, or delivery using the appropriate address as listed on the cover page/checklist (p. 1) of this application.*

### **I. FACILITY IDENTIFICATION**

Name of Facility \_\_\_\_\_ Agency Interest No. \_\_\_\_\_

### **II. SECONDARY ACCREDITATION REQUEST**

- ☐ This application is for secondary accreditation by LELAP
- ☐ Copies of the laboratory's certificate and scope of accreditation will be sent to LELAP directly from the Primary Accreditation Body: \_\_\_\_\_  
*Print or type name of Primary Accreditation Body*

**Submit this page to LELAP as indicated on the cover page/checklist (p. 1) of this application.**