



Louisiana Department of Health
Office of Public Health



Application for Environmental Laboratory
Accreditation Safe Drinking Water Program
Part A

Legal Name of Laboratory: _____

Physical Location of Laboratory:

Street _____
City _____ State _____ Zip Code _____
Telephone Number: _____ Fax Number: _____
Lab Hours of Operation (include time zone): _____

Mailing Address of Laboratory (if different from physical location):

Designated Mail Recipient (Name and Title): _____
Street _____
City _____ State _____ Zip Code _____

Billing Address of Laboratory (if different from mailing address):

Street _____
City _____ State _____ Zip Code _____

Laboratory Owner:

Name: _____
Street _____
City _____ State _____ Zip Code _____

Certification Type: Primary TNI-NELAP Secondary TNI-NELAP State Only

Primary Accreditation Body: LDH Other: _____

EPA Laboratory Identification Number: _____

Technical Director (however named): _____

Telephone Number: _____ E-mail Address: _____

Quality Assurance Officer (however named): _____

Telephone Number: _____ E-mail Address: _____

Laboratory Contact Person (name/title): _____

Telephone Number: _____ E-mail Address: _____

Official Use Only:	Application # LA	Date Received _____
	Receipt # _____	Remittance Sheet # _____
Quality Assurance Manual: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	SOPs: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	MDLs: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Type of Laboratory

- Commercial
- Federal
- State
- Public Water System
-

- Academic Institution
- Hospital or Health Care
- Industrial (industry with discharge permit)
- Other: _____

Public Wastewater System

Mobile Lab(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vehicle Make	Vehicle Model	Vehicle Identification Number	License Number	State

Directions to Laboratory (Required for Primary Accreditation only)

Categories for which Accreditation is Sought

Fee Schedule

- | | |
|---|---------|
| <input type="checkbox"/> Inorganic Parameters | \$750 |
| <input type="checkbox"/> Organic Parameters | \$800 |
| <input type="checkbox"/> Inorganic and Organic Parameters | \$1,000 |
| <input type="checkbox"/> Radiological parameters | \$800 |

Applicable Payment Enclosed: Yes No

Make check or money order payable to: **LDH Laboratory Certification Program**

Mail completed application* and applicable fees to: **LDH - Office of Public Health
Laboratory Certification Program
1209 Leesville Avenue
Baton Rouge, LA 70802**

*Labs seeking primary accreditation are required to submit electronic or hard copies of the current year's Quality Assurance manual, Standards Operating Procedures, and Method Detection Limit studies for each method requested. Labs seeking secondary accreditation are required to submit a copy of the current certificate from its primary accreditation body. Additional information may be requested at a later date. Applications will not be processed until all items are received.

Certification of Compliance

This application must be signed and dated by the laboratory management attesting to the validity of the application information. By signing below, the undersigned agrees to the following:

- a) I understand and acknowledge that the laboratory is required to be continually in compliance with Louisiana Department of Health's standards and is subject to the enforcement and penalty provisions of that accrediting body; and
- b) I hereby certify that I am authorized to sign this application on behalf of the applicant/owner and that there are no misrepresentations in my answers to the questions on this applications.

Legal Name of Laboratory: _____

Owner/Authorized Agent

Technical Director

Title

Title

Printed Name

Printed Name

▶ _____

▶ _____

Signature

Signature

▶ _____

▶ _____

Date

Date

Quality Assurance Officer

Other (if applicable)

Title

Title

Printed Name

Printed Name

▶ _____

▶ _____

Signature

Signature

▶ _____

▶ _____

Date

Date