New York State Department of Health Wadsworth Center Environmental Laboratory Approval Program (ELAP) PO Box 509 - Empire State Plaza Albany, NY 12201-0509

CONTRACT LABORATORY PROTOCOL ACCREDITATION REQUEST

ELAP Lab ID No.		
Laboratory Name		
Address		
City, State, Zip		

The Contract Laboratory Protocol (CLP) accreditations are based on the New York State Department of Environmental Conservation's Analytical Service Protocol (06/2005). CLP accreditation is available only to those laboratories currently accredited in the Non-potable Water and Solid/Hazardous Waste categories for those analytes currently available and also found in the Protocol. CLP accreditation(s) are granted to those laboratories who have demonstrated their ability to comply with the requirements of the Protocol.

This application **must** be accompanied by the following:

- A completed CLP Laboratory Personnel form for each person performing a CLP required function(s) appropriate to the accreditation(s) sought. Education **must** be documented with transcripts and/or diplomas.
- A level 1 data package for the accreditation(s) sought. The laboratory's five digit ELAP ID number should be entered as the "lab code". The data package must be based on a sample currently under analysis or analyzed within 30 days of the application.
- · A complete equipment and instrumentation inventory.
- · Quality Assurance/Quality Control manual.
- · Copies of Standard Operating Procedures as required by exhibit F of the Protocol.

Select the accreditation sought. Cite for each followed.	the section of the NYSDEC ASP (06/2005) to be
CLP Volatile Organics	
CLP Semivolatile Organics	
CLP Pesticides/PCBs	
CLP Inorganics	
 in this application are true to the best of his/h following terms and conditions: Data packages will be evaluate Protocol. The passing score with the passing	(s), the undersigned affirms that all statements made er knowledge and understands and accepts the d quantitatively according to Exhibit E of the ill be 75%. In maintaining accreditation for all appropriate rements of Subpart 55-2.7 10NYCRR. Of a copy of NYSDEC ASP (06/2005). The accreditation(s) granted will be performed ction(s) of the NYSDEC ASP (06/2005).
Ī	Print Name of Laboratory Director
Ī	Laboratory Director's Signature
Ī	Date