AIHA Registry Programs®

Asbestos Analysts Registry

# APPLICATION

## For the Enrollment of an Organization and/or its Affiliated Analysts

**Effective Date: April 15, 2014**

**Revision Date: April 15, 2014**

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# Asbestos Analysts Registry Application
## Table of Contents

**NOTICE**: The current version of the application is always available on our web site. Out-of-date versions of AAR application will not be accepted and will be returned to your organization. **Submit all applications electronically; paper submissions will be assessed additional processing fees.**

## A. READ ALL INSTRUCTIONS CAREFULLY.

1. A complete and concise application will expedite the AAR registration process.
2. An incomplete application will be returned to the organization.
3. An application received without the appropriate fees will not be processed. Obtain a copy of the current year's AAR Program Fee Schedule from the AIHA Registry Programs website.
4. A complete listing of terms and acronyms is located in the AAR Policy Article IX, Appendix A.

## B. READ THE POLICIES.

An applicant organization or analyst must be able to demonstrate compliance with AAR policies prior to submitting an application. The AAR Technical Review Checklists should be used to perform an audit of your system to determine an organization's compliance to the AAR policies prior to submitting the application.

1. The current version of the AAR Policy is available on the AIHA Registry Programs website.
2. The AAR policy contains details of the specific quality system and quality assurance requirements that are unique to the AAR program. **The organization must comply with all of the policies prior to initiating the application process**. Particular attention should be given to Articles II, III and IV.
3. A description of the AAR registration process for organizations and analysts (with time lines) is included in Article IV of the AAR Policy.

## C. READ THE NIOSH 7400 METHOD

1. Read the most current version of the NIOSH 7400 method before you complete the AAR Application to ensure that your practices are inline with this method; the requirements for the AAR are based on those detailed in the method.

## D. COMPLETE ALL APPROPRIATE FORMS.

1. This application includes the forms for the ORGANIZATION initial and triennial application, the ANALYST application and the ANALYST and ORGANIZATION drop forms. View the table on the next page for the forms which are required for each application type
   - An initial organization application requires the organization application forms and a complete analyst application (Forms 8, 9 and 10) for each analyst (initial, reinstatement or transfer) to be enrolled with the organization.
   - Use the analyst application forms 8, 9 and 10 to add, reinstate or transfer an analyst to your organization.
2. International organizations should ensure that all application forms, Quality Manual, and Standard Operating Procedures are submitted in English. Untranslated records may be acceptable, but the reviewer may request additional translation at the cost of the organization.
3. The *Asbestos Analysts Registry Enrollment Form* is located on page 4 of the current AAR Program Fee Schedule.

## E. SUBMIT ALL REQUESTED ATTACHMENTS

1. Forms 5A, 5B, 5C and 9 indicate the required attachments that must be submitted with the application.
2. All attachments must be **clearly labeled** with the appropriate **attachment number**, as indicated on the corresponding form (do not use the AAR Policy number as the label).
3. Given that we are unfamiliar with your records and documentation practices, ensure that the attachments are complete, clearly labeled, and that the attachment numbers are identified as instructed. If you wish to provide additional clarification to any attachment or submission in your application, please provide a cover letter detailing this clarification.
4. DO NOT omit any attachment or your application will be deficient. Any omissions must be explained in a cover letter including how your Quality System addresses the requirement. If the omission or explanation is deemed inadequate, the deficiency will need to be addressed before the application will be approved and the organization or analyst enrolled.

## F. COMPILE APPLICATION PACKAGE

1. Applications and attachments must be submitted to the AIHA Registry Programs® electronically. All types of electronic file submissions (email, CD, USB drive, external hard drive, ftp) are acceptable as long as the application and attachments are clearly indicated.

   - **Please be aware of our email size limitations, large files (5MB and greater) will need to be sent in multiple emails, uploaded to our File Transfer web page or sent via CD, USB drive, etc.**

2. Delete all instruction pages or any pages of the AAR Application that are not required to be completed for your submission type.
3. It is preferable that the Attachments and Quality Manual be submitted as "text searchable" documents.
4. All attachments must be clearly labeled. The Registry Programs will not accept an application that does not in some way clearly label each attachment separately. Some methods of accomplishing this task may be a bookmarked PDF document, a hierarchical folder system, etc. (see "Instructions – Forms 5A, 5B and 5C – Quality System Requirements", page 10). AIHA Registry Programs® will not attempt to interpret unlabeled and disorganized submissions and will return the package if the submission is not clear.

| FORMS Required for Submission | Application Type | | |
|---|---|---|---|
| | Organization | | Analyst |
| | Initial | Triennial | Initial/Transfer/ Reinstatement or Expedited* |
| Form 1 Organization Information | ✓ | ✓ | |
| Form 2 Organization Scope of Analysis | ✓ | ✓ | |
| Form 3A Analysts Information (Initial) | ✓ | | |
| Form 3B Analysts Information (Triennial) | | ✓ | |
| Form 4 Instruments and Equipment | ✓ | ✓ | |
| Form 5A Organization QA Requirements | ✓ | ✓ | |
| Form 5B Organization QA Requirements (Initial) | ✓ | | |
| Form 5C Organization QA Requirements (Triennial) | | ✓ | |
| Form 6 Certifications Registry Compliance | ✓ | ✓ | |
| Form 7 Indemnifications and Certifications Compliance | ✓ | ✓ | |
| Form 8 Analysts Information | ✓ | | ✓ |
| Form 9 Analyst Quality Assurance Requirements | ✓ | | ✓ |
| Form 10 Analyst Acknowledgement | ✓ | | ✓ |
| Asbestos Analyst Registry Enrollment Form** | ✓ | ✓ | ✓ |

*Expedited Analyst Applications are indicated by checking the box on the lower left corner of Form 8.

** The Asbestos Analysts Registry Enrollment Form is located on page 4 of the current AAR Program Fee Schedule.

5. Return the completed application package, enrollment form and payment to (note additional fees will be assessed for paper or faxed submissions):

**File Upload to Web Site**

**Registries@aiha.org**

**-OR-**

**AIHA REGISTRY PROGRAMS**
**Attn: ASBESTOS ANALYSTS REGISTRY**
**3141 FAIRVIEW PARK DR, STE 777**
**FALLS CHURCH, VA 22042**

| | |
|---|---|
| **Date:** | Application Type: ☐ **Initial** ☐ **Triennial** |
| **General Information** | |
| **Organization Name** | **Organization ID** *(if already assigned):* |
| | |
| **Company Name** *(if affiliated with a Parent Organization):* | **Owner(s)** *(if privately held):* |
| | |
| **Street Address** | **Mailing Address** *(if different from street address):* |
| | |
| **Organization AAR Contact Information** | |
| **Organization AAR Contact** | **Contact Person's E-Mail Address** |
| | |
| **Contact Person's Telephone Number** | **Contact Person's Fax Number** |
| | |
| **Registry Billing Information** | **Same as Organization** ☐ |
| **Billing Contact** | **Billing Address** |
| | |
| **Billing E-Mail Address** | |
| | |
| **Billing Telephone Number** | **Billing Fax Number** |
| | |
| **AAT Sample Contact Information** | **Same as Organization** ☐ |
| **Sample Contact** | **Sample Contact Address** |
| | |
| **Sample Contact E-Mail Address** | |
| | |
| **Sample Contact Telephone Number** | **Sample Contact Fax Number** |
| | |
| **Disclosure** | |
| **Is the organization currently under investigation or suspension by a governmental or private a certification agency?** | |
| ☐ Yes ☐ No | |
| If yes, attach a separate sheet describing the dates and circumstances of the investigation or suspension and discuss any applicable corrective actions. | |
| **Commercial Availability** | |
| **Does the organization accept "fee for service" samples?** | |
| ☐ Yes ☐ No | |

# Asbestos Analysts Registry Application
## FORM 2 – ORGANIZATION SCOPE OF ANALYSIS

INSTRUCTIONS: In section 1, define the scope of your organization's analytical practices by giving a rough estimate of the percentage (%) of total analytical work volume in the laboratory or in the field. In section 2, provide the total number of analysts enrolled in the AAR with your organization in the appropriate locations.

1. **Asbestos and other fibers:**

   Estimated the % of total analytical work performed by your AAR analysts:

   ☐ Air by PCM (in Lab) _____ %

   ☐ Air by PCM (in field) _____ %

2. **Analysts Information** (Check whichever applies in this section)

   Categorize your analysts enrolled in the registry (or those to be enrolled). *Do not include non-AAR analysts.*

   ☐ Laboratory Analysts only # of Analysts: _____

   ☐ Field Analysts only # of Analysts: _____

   ☐ Both Laboratory and Field # of Analysts: _____

3. It has been determined that one set of Asbestos Analytical Testing (AAT) program samples is adequate for no more than five analysts to count. Given this requirement, please indicate the number of sets of AAT samples per round that will be required by your organization

   _____ sets of AAT samples per round

AIHA Registry Programs®

# Asbestos Analysts Registry Application

## FORM 3A – ANALYSTS ~ INITIAL ORGANIZATION APPLICATION

**INSTRUCTIONS:**
Complete this form with your **initial organization application**. List all affiliated analysts intended to be enrolled with this organization. Leave the Analyst ID blank if not known or if it has not previously been assigned to the analyst. A definition of the probationary period can be found in the AAR Policy, Article II, Section 2.2.4.

| Analyst Name | Analyst ID # (leave blank if not assigned) | NIOSH 582 or Equivalency Course | | Probationary Period (Dates must be submitted for each analyst) |
|---|---|---|---|---|
| | | Training Provider | Course Dates | |
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Clarification Statements (If needed):

## FORM 3B – ANALYSTS ~ TRIENNIAL ORGANIZATION APPLICATION

**INSTRUCTIONS:**

Complete this form with your **triennial organization application**. List all analysts currently enrolled with your organization. The current status of your analysts should be provided to clarify the analyst's position and work load in your organization and would include: "Full Time Registered", "Probationary Active", "Part Time Registered". Part time analysts are expected to maintain complete quality control records.

Do not list NEW analysts, analysts that are not currently enrolled with your organization, on this form. List NEW analysts on Form 8 when including analyst additions with your triennial application.

| Analyst Name | Analyst ID # | Current Analyst Status |
|---|---|---|
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Clarification Statements: (If needed)

**INSTRUCTIONS**:
List the microscopes currently in use by the organization's analysts in the columns below. Fill out this form completely, listing only those instruments that are applicable to the AAR program. Please list additional equipment used for AAR-related analysis in the lower section as indicated.

| EQUIPMENT | I | II | III | IV |
|---|---|---|---|---|
| **Microscope** | | | | |
| **Manufacturer** | | | | |
| **Model / Type** | | | | |
| **Serial Number** | | | | |
| **Eyepiece Magnification** | | | | |
| **Objective Magnification** | | | | |
| **Filter Type** | | | | |
| **Walton-Beckett Graticule Field Area in mm2** | | | | |
| **Microscope primarily used or for: Field ("F"), Laboratory ("L"), or both ("F/L") types of work.** | | | | |

| ADDITIONAL EQUIPMENT | QUANTITY |
|---|---|
| **HSE/NPL Test Slide** | |
| **Stage Micrometer** | |
| **Telescoping Ocular Phase Ring** | |
| **Acetone Vaporizer** | |
| | |
| | |

**Complete and submit additional copies of this form, as needed.**

## OVERVIEW

- Forms 5A through 5C detail the AAR requirements of your organization's quality manual, standard operating procedures and quality system.
- All organizations initially applying for the AAR program or submitting a triennial application shall submit their Quality Manual and any applicable Standard Operating Procedures. These documents must include, at a minimum, the attachments specified on Form 5A, Quality Manual and Standard Operating Procedure Requirements.
- Form 5B details the real-world examples and data from the organization's quality system that must be submitted with an initial organization application.
- Form 5C details the real-world examples and data from the organization's quality system that must be submitted with a triennial organization application.

## INSTRUCTIONS

A. Consult the AAR Policy located at:

https://www.aiha.org/registries/aar/Pages/Forms-and-Fees.aspx

1. The policy numbers included on forms 5A through 5C correspond to the policy numbers of the AAR Policy that indicate what is required of that attachment.
2. Before completing this section of the application, the organization should read each applicable policy to ensure that the organization is in full compliance.

B. **Form 5A requires submission of your entire Quality Manual (QM).** If the "submission example required" is not included in your QM, submit the section of your Standard Operating Procedures that address the requirement.

1. If the organization is not in compliance, the organization must review and revise its procedures and practices prior to submitting the application.
2. **Label with the appropriate Attachment Number and Highlight or underline portions of the QM section that demonstrates compliance with the applicable policy.** Keep in mind, the technical reviewer of the application is not familiar with your internal processes

C. Indicate the page number or section number of all attachments on Form 5A in the "Included in the" columns and **submit the completed Form 5A with your attachments**. Label attachments with attachment numbers.

D. Form 5B and 5C require submission of records and forms that demonstrate your analysts using your quality system.

1. If the organization is not in compliance, then the organization should stop the application process and review and revise its procedures and practices as necessary.
2. Completed records and forms that have been used in your daily operation are required.
3. All attachments shall be dated from within three months of the application date as entered on Form 1.
   - Exceptions may be made for occasional or part-time analysts. If your analysts do not produce adequate data to create statistically sound records, older data can be submitted. However, every analyst shall read at least one recount and one reference slide with their AAT samples, so some recent data must be presented. Acceptance of older data is at the reviewer's discretion.

E. Include and label all attachments on Form 5B or Form 5C,

1. Label the attachments as instructed in the "Attachment Number" column, preferably in the upper right-hand corner of the requested document.
2. Highlight or underline portions of the attachment that demonstrate compliance with the applicable policy. Keep in mind, the technical reviewer of the application is not familiar with your internal processes.

F. Do not include information that is not requested.

G. **Electronic Submission Required**: Electronic submission of applications is required. All types of electronic file submissions (email, CD, USB drive, external hard drive, ftp) are acceptable.

H. All attachments and application sections shall be clearly organized and easily identifiable and navigable. Simply labeling the paper attachment before making them electronic is not sufficient. Failure to clearly mark sections using methods such as electronic bookmarks or hierarchical file systems will result in the application being returned to the organization.

**INSTRUCTIONS: Submit your organization's' entire quality manual (QM) and any applicable sections of your standard operating procedures (SOPs) with this COMPLETED form.**

| Policy Topic | Attachment Number | Submission Example Required | Policy No. | Included in the: QM (Indicate page number or section) | Included in the: SOP (Indicate page number or section) |
|---|---|---|---|---|---|
| **Table of Contents** | **A.1** | A listing of the topics covered in the manual as arranged by chapter and/or section, including the corresponding page number(s). | **2.3.1** | | |
| **Quality Assurance Objectives** | **A.2** | A description of the organization's quality assurance objectives. | **2.3.2** | | |
| **Manual Acceptance, Maintenance and Revision** | **A.3** | The policy and process for quality manual acceptance, maintenance and revision. | **2.3.3** | | |
| **Personnel Qualifications and Training** | **A.4** | Policy regarding the analyst probationary training and training in the organization's quality control program | **2..3.4** | | |
| **Sample Receiving, Handling and Processing** | **A.5** | Procedure for sample receiving, sample log-in, assignment of unique sample number, Chain of Custody or Internal Record System, and sample handling. | **2.3.5** | | |
| **Microscope Maintenance** | **A.6** | Procedure and policy on microscope maintenance. | **2.3.6** | | |
| **Microscope Alignment and Calibration** | **A.7** | Procedure for microscope setup, alignment and calibration with image quality check using the HSE/NPL Test Slide and graticule measurement. | **2.3.6** | | |
| **Reference Slide Analysis** | **A.8** | Policy on reference slide analysis, procedure for the generation of the UCL and LCL or CV, and use of the reference slide data. | **2.3.7.1** | | |
| **Recount Analysis** | **A.9** | Policy on analysis of 10% recount of samples analyzed by the same analyst and the procedure for statistical comparison of recounts. Shall demonstrate the criteria for acceptance and rejection of recount data. Must address the special requirements of "blind" analysis in the field, if your organization has field analysts. | **2.3.7.2** | | |
| **Blank Analysis** | **A.10** | Policy on blank collection and analysis. NIOSH 7400 method requires that 10% per set or a minimum of 2 field blanks should be analyzed, whichever is greater. | **2.3.7.3** | | |
| **Round Robin Participation** | **A.11** | Policy on round robin participation and data analysis. OSHA asbestos regulations require results from semi-annual round robin participation with at least 2 other organizations. | **2.3.8** | | |
| **Corrective Action** | **A.12** | Policy for corrective action taken as a result of client inquiries or detected quality errors. Include the procedure for corrective action and elimination of the error. | **2.3.9** | | |
| **Record Keeping** | **A.13** | Policy for document and record retention. | **2.3.10** | | |
| **Sample Retention and Disposal** | **A.14** | Policy for sample storage, retention and disposal. | **2.3.11** | | |
| **Internal Systems Audit** | **A.15** | Policy and procedure for an annual internal systems audit. Shall be designed to evaluate all known policies and procedures that affect the quality of the analytical results. | **2.3.12** | | |
| **On-Site Housekeeping** | **A.16** | Housekeeping procedures used at the remote field site. | **2.3.13.2** | | |
| **On-Site Filter Mounting** | **A.17** | Procedures for on-site filter mounting. | **2.3.13.3** | | |
| **On-Site Environmental Requirements** | **A.18** | Policy on environmental requirements for on-site field analysis. | **2.3.13.4** | | |
| **Final Reporting** | **A.19** | Policy on the final reporting format. | **2.3.14** | | |

**INSTRUCTIONS: Submit real-world examples of your quality system practices with this COMPLETED form.**
**Enter a check mark in the (✓) column after you read the applicable policy and have provided the documentation labeled with the indicated Attachment Number,**

| Policy Topic | Sub-Topic | Quality System Example Requirements: Attachment Number | Submission Examples Required | Policy No. | (✓) |
|---|---|---|---|---|---|
| Analyst Training | Technical Training | B.1 | NIOSH 582 (or equivalent) certificate and course syllabus for each analyst being enrolled. Certificate or syllabus must include the contact hours for the course. | 2.2.2 | |
| | Quality System Training | B.2 | Documentation of training in the organization's quality system for each analyst being enrolled. | 2.2 | |
| Quality Assurance Records | Manual Acceptance and Revision | B.3 | Documentation that the quality manual has been reviewed. | 2.3.3 | |
| | Internal Record System | B.4 | A completed copy of the internal record system that demonstrates a sample numbering and tracking system, and how sample receipt date and job information is recorded. A Chain of Custody, sample receiving log and/or field data sheet. | 2.3.5 | |
| | Corrective Action | B.5 | Record of an out-of-control event with determined causes and corrective measures taken. For example, an outlier in the AAT program is an out-of-control event. | 2.3.9 | |
| | Systems Audit | B.6 | A copy of the documentation of the latest annual systems audit. | 2.3.12 | |
| | Final Report | B.7 | A complete, signed final report for a PCM analysis performed by one of your analysts. Include associate analysis worksheets. | 2.3.14 | |
| Internal Quality Control Procedures | Microscope Maintenance | B.8 | Completed microscope maintenance record. A single page is sufficient. | 2.3.6.2 | |
| | Microscope Alignment | B.9 | A completed microscope alignment record. | 2.3.6.3 | |
| | Microscope Calibration | B.10 | A completed microscope calibration log including the image quality check. | 2.3.6.3<br>2.3.6.4 | |
| | Reference Slide Analysis | B.11 | Documentation of daily use of reference slides, loaded to at least the three levels detailed in the NIOSH 7400 method, by each analyst to be enrolled. | 2.3.7.1 | |
| | Reference Slide Control Charts | B.12 | Copy of control chart or other statistical analysis of reference slides for each analyst to be enrolled. | 2.3.7.1.4 | |
| | Recount Analysis | B.13 | Documentation of the statistical comparison, with acceptability determination, of same analyst recounts of 10% sample analysis by each analyst to be enrolled. | 2.3.7.2 | |
| | Blank Analysis | B.14 | Documentation of the analysis of blanks, i.e., a final report or analysis worksheet. | 2.3.7.3 | |
| | Round Robin | B.15 | Results from the latest two rounds of round robin participation. One round of results with a participation agreement that shows the deadline for the next round may also be acceptable. | 2.3.8 | |
| Methods | Analytical Method | B.16 | Provide a copy of the current method used by analysts for fiber counting. For an in-house method, provide a copy of the method and references including the source, version and issue date. For a published method, a copy of the cover page, showing the current version and issue date. | 2.3.13 | |

**INSTRUCTIONS: Submit real-world examples of your quality system practices with this COMPLETED form.**
**Enter a check mark in the (✓) column after you read the applicable policy and have provided the documentation labeled with the indicated Attachment Number,**

| Policy Topic | Sub-Topic | Quality System Example Requirements: Attachment Number | Submission Examples Required | Policy No. | (✓) |
|---|---|---|---|---|---|
| Quality Assurance Records | Manual Acceptance and Revision | C.1 | Documentation that the quality manual has been reviewed since the original or last application to the program was submitted. | 2.3.3 | |
| | Internal Record System | C.2 | A completed copy of the internal record system that demonstrates a sample numbering and tracking system, and how sample receipt date and job information is recorded. A Chain of Custody, sample receiving log and/or field data sheet. | 2.3.5 | |
| | Corrective Action | C.3 | Record of an out-of-control event with determined causes and corrective measures taken. For example, an outlier in the AAT program is an out-of-control event. | 2.3.9 | |
| | Systems Audit | C.4 | A copy of the documentation of the latest annual systems audit. | 2.3.12 | |
| | Final Report | C.5 | A complete, signed final report for a PCM analysis performed by one of your registered analysts. Include associate analysis worksheets. | 2.3.14 | |
| Internal Quality Control Procedures | Microscope Maintenance | C.6 | Completed microscope maintenance record. A single page is sufficient. | 2.3.6.2 | |
| | Microscope Alignment | C.7 | A completed microscope alignment record. | 2.3.6.3 | |
| | Microscope Calibration | C.8 | A completed microscope calibration log including the image quality check. | 2.3.6.3<br>2.3.6.4 | |
| | Reference Slide Analysis | C.9 | Documentation of daily use of reference slides, loaded to at least the three levels detailed in the NIOSH 7400 method, by each enrolled analyst. | 2.3.7.1 | |
| | Reference Slide Control Charts | C.10 | Copy of control chart or other statistical analysis of reference slides for each enrolled analyst. | 2.3.7.1.4 | |
| | Recount Analysis | C.11 | Documentation of the statistical comparison, with acceptability determination, of same analyst recounts of 10% sample analysis by each enrolled analyst. | 2.3.7.2 | |
| | Blank Analysis | C.12 | Documentation of the analysis of blanks, i.e., a final report or analysis worksheet. | 2.3.7.3 | |
| | Round Robin | C.13 | Results from the latest two rounds of round robin participation. One round of results with a participation agreement that shows the deadline for the next round may also be acceptable. | 2.3.8 | |
| Methods | Analytical Method | C.14 | Provide a copy of the current method used by analysts for fiber counting. For an in-house method, provide a copy of the method and references including the source, version and issue date. For a published method, a copy of the cover page, showing the current version and issue date. | 2.3.13 | |

Certification of Compliance with Applicable Health and Safety Standards

| | Name of Organization |
|---|---|
| On behalf of | |

I certify that, to the best of my knowledge:

1. The organization listed above, and its affiliated analysts, complies with all applicable federal, state, and local health, safety, environmental contamination, and waste disposal standards; and

2. The organization listed above maintains a system for proper disposal of asbestos containing materials and samples.

I also certify that I understand that the AIHA Registry Programs® approval and registration process for the AAR program is not a safety inspection, has no safety related purpose, and that the sole purpose of the review is to evaluate the ability of the organization to meet and adhere to the quality system requirements as detailed in the AAR Policy.

| Printed Name | Title |
|---|---|
| | |
| **Signed** | **Date** |
| | |

NOTE: This section is to be signed by an authorized representative of the organization and returned as part of the organization application for the Asbestos Analysts Registry (AAR).

| On behalf of | Name of Organization |
|---|---|
| | |

I certify that:

1. I have read Article II of the AAR Policy, Quality System Requirements, and the remainder of the AAR Policy;
2. This organization listed above conforms at all times with all of their quality system practices and all the pertinent requirements listed in the AAR policy;
3. This organization maintains a quality assurance and quality control program that monitors all of its affiliated analysts enrolled in the registry;
4. All affiliated analysts enrolled with this organization use the approved internal record system and final report format;
5. The information contained in this application is correct;
6. The organization listed above agrees to notify the AIHA Registry Programs® within twenty (20) business days of any changes that significantly affects the organization's:
   a. legal, commercial or organizational status;
   b. organization and management;
   c. policies or procedures, where appropriate;
   d. premises;
   e. analysts, equipment, or other resources;
   f. authorized signatory; and,
   g. any other matters that may affect the organization's capability, or compliance with requirements for registration in the AAR;
7. Misrepresentations in this application may be grounds for revocation or denial of AAR approval;
8. The organization listed above will not use its AAR registration in such a manner as to bring the AIHA Registry Programs® into disrepute and will not make any statement relevant to its AAR status which the AIHA Registry Programs® may consider misleading or unauthorized;
9. Upon suspension or withdrawal of your registration (however determined) the organization listed above will forthwith discontinue our use of all advertising matter that contains any reference thereto;
10. The organization listed above will not use this AAR registration to imply any type of product approval by the AIHA Registry Programs®;
11. It is the organization's responsibility to keep current on updates to AAR Policy;
12. The organization listed above maintains impartiality and integrity in its dealings with clients requiring AAR registration and with the AIHA Registry Programs®;
13. All fees are paid according to the required schedule;
14. It is the organization's responsibility to submit any and all necessary information to access conformance to the AAR program requirements.
15. The organization listed above shall commit to continually fulfill the requirements for AAR registration. This includes an agreement to adapt for changes in the requirements for registration.
16. The values reported in the Asbestos Analysts Testing program represent analyses performed by the analyst whose name is associated with them, and who is affiliated with this organization.
17. The organization listed above shall continually comply with the AIHA Registry Programs® AAR Advertising Policy as described in Article VII.

| Name of Organization |
|---|
| |

its successors assigns, releases, indemnifies and holds the AIHA Registry Programs®, its volunteers, Subject Matter Expert group members, technical review board members, board members, contractors, employees and representatives harmless from any and all claims, demands, suits and judgments by or on behalf of

| Name of Organization |
|---|
| |

its employees and third persons by reason of any damage, death or injury resulting from accidents, exposure to or consumption of harmful substances, and the unsafe practices of the organization personnel and/or facilities.

| Organization Representative Name | Title |
|---|---|
| | |
| **Signed** | **Date** |
| | |

When adding any analyst (initial, reinstatement or transfer) to your organization you must complete and submit a complete analyst application, Forms 8 -10 for each analyst, including the quality control documentation listed on Form 9. Organization's filing an initial organization application must submit a complete analyst application for each analyst to be enrolled with the organization in addition to the forms and attachments required for the organization's application.

## A. READ THE POLICIES

Before submitting the analyst application package(s), each affiliated analyst must be in full compliance with the requirements in the AAR Policy, including your organization's quality system and the NIOSH 7400 method requirements

## B. ANALYST APPLICATION TYPES

1. Initial Analyst
   - An application for an analyst who has never been enrolled in the AAR program.
   - See AAR Policy, Article IV, Section 4.2 for the analyst's registration process.
   - Complete Form 8, Form 9 and Form 10.
   - Submit Analyst Annual Fee, Analyst Enrollment Fee and AAT sample fees as required by total # of analysts enrolled.
2. Reinstatement / Transfer Analyst
   - An application for an analyst who has previously been in the AAR program, but is being transferred to a new organization or who has been out of the registry for some time and is reenrolling in the AAR program and is seeking reinstatement of their registration.
   - The application must represent the analyst's quality control training and data with their new organization.
   - See AAR Policy, Article IV, Section 4.2 for the analyst's registration process.
   - Complete Form 8, Form 9 and Form 10.
   - Submit Analyst Annual Fee, Analyst Enrollment Fee, and AAT sample fees as required by total # of analysts enrolled.
3. Expedited Analyst
   - An application for an analyst who is seeking an expedited registration process in the AAR program. The application approval has a shorter timeline and the AAT proficiency is determined over a regular and a retest AAT round.
   - See the AAR Policy, Article IV, Section 4.2 for the analyst's registration process and AAR Policy, Article IV, Section 4.4 for the additional considerations for an expedited analyst's application process.
   - Additional considerations are also required for the AAT program for Expedited Analysts; see AAR Policy, Article III, Section 3.2.
   - Complete Form 8 (check the box that indicates Expedited Application), Form 9 and Form 10.
   - Submit Analyst Annual Fee, Analyst Expedited Enrollment Fee, AAT Retest Fee, and AAT sample fees as required by total # of analysts enrolled
   - An analyst enrolling with an initial or unapproved organization is not eligible to seek expedited application.

## C. COMPLETING THE ANALYST APPLICATION FORMS

1. Form 8

   Complete Form 8 and list all analysts affiliated with your organization to be enrolled via the application. Make additional copies of Form 8 as needed.
   - Probationary Period is required for all analysts; a definition can be found in AAR Policy, Article II, Section 2.2.4.
2. Form 9
   - For each analyst, the attachments indicated on Form 9 must be submitted. These attachments must represent their quality control data with their current organization.
   - Each attachment must be labeled with the prefix given and the initials of the analyst (e.g., for analyst John A. Doe, the training certificate will be labeled as TC-JAD, the training outline as TO-JAD, etc.); if the analyst ID is known, the ID can be used in place of the initials, i.e., TC-1234.
3. Form 10
   - Complete for each analyst to be enrolled
   - Must be signed by the analyst to be enrolled and an authorized representative of the organization.

# Asbestos Analysts Registry Application
## FORM 8 – ANALYST TRAINING INFORMATION

| Submission Date | Organization ID # |
|---|---|
| | |
| **Organization Name** | **Contact Name** |
| | |
| **Contact Phone** | **Contact Email** |
| | |

**INSTRUCTIONS:**

List all analysts affiliated with your organization to be enrolled via this application. Make extra copies of this form as needed.

| Analyst Name | Analyst ID # (leave blank if not assigned) | NIOSH 582 or Equivalency Course | | Probationary Period (Dates must be submitted for each analyst) |
|---|---|---|---|---|
| | | Training Provider | Course Dates | |
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☐ **Expedited Application?** If checked the analysts on this form will be expedited through the application approval process and proficiency determination following the procedure outlined in the AAR Policy. There is an additional fee for this type of enrollment and the fee for a set of retest AAT samples must be included with the application (see the AAR Program Fee Schedule).

**INSTRUCTIONS:**

Submit the following attachments for each analyst seeking enrollment in the AAR program. Each attachment must be labeled with the prefix indicated and the initials of the analyst (e.g., for analyst John A. Doe, the training certificate will be labeled as TC-JAD, the training outline as TO-JAD, etc.); if the analyst ID is known, the ID can be used in place of the initials, i.e., TC-1234. The submissions must represent the analyst's quality control data with this organization. The quality control data can be generated from the analysis of real-world, proficiency, round robin, or probationary/training samples.

| POLICY # | DOCUMENTATION REQUIRED FOR EACH ANALYST | ATTACHMENT (Enter analyst initials/#) |
|---|---|---|
| 2.2.2 | **Technical Training**<br>✚ **NIOSH 582 or equivalent course certificate**<br>✚ **NIOSH 582 or equivalent course outline**<br>**Certificate and/or outline must demonstrate contact hours, provider name and date of training.** | **TT –** |
| 2.2.3<br>2.3.4.1 | **Quality System Training**<br>✚ **Documentation of the analyst's training in the organization's QA/QC program.**<br>**Should document the elements of and dates of training.** | **QST –** |
| 2.3.7.1.4 | **Control Chart**<br>✚ **Control charts or other statistical evaluation of the repeat analysis of the reference slides to determine the UCL and LCL for each fiber loading range.**<br>**A minimum of twenty (20) data points shall be used to determine the UCL, LCL or CV.**<br>**The control charts should display the control limits.** | **CC –** |
| 2.3.7.1 | **Reference Slides**<br>✚ **Documentation of the analysis of reference slides.**<br>**Prior to the analysis of samples each day, the analyst must analyze a randomly selected reference slide from the reference slide library.**<br>**The library of reference slides shall contain reference slides which are loaded, minimally, to the three ranges outlined in the current version of the NIOSH 7400 method (5-20 fibers in 100 graticule fields, 20-50 fibers in 100 graticule fields, and >50 fibers in 100 graticule fields).**<br>**The analyst shall read from each loading range over time.** | **RF –** |
| 2.3.7.2 | **Recounts**<br>✚ **Documentation of the recount analysis**<br>✚ **Documentation of the statistical comparison of the recount data**<br>**10% of samples analyzed must be recounted by the same analyst.**<br>**Example of the statistical comparison used must determine the acceptability of the recount.** | **RC –** |

***For occasional or back-up analysts, ensure that at least one reference slide and recount is performed with each set of proficiency samples or round robin samples so that the analyst can generate the required data to remain enrolled and registered.*

## FORM 10 - ANALYST ACKNOWLEDGMENT

To be completed by each analyst seeking enrollment and an authorized employee of organization that is enrolling the analyst.

| Analyst Name |
| --- |
| |

I, have read this application for the AAR, the organization's Quality Manual and the NIOSH 7400 Method and acknowledge that the analytical practices and equipment described herein, are available and used by me and that the statements made as part of this application are true to the best of my knowledge. I also acknowledge that my AAR analyst ID number is only approved for use with the approved practices and procedures of my affiliated organization: the QA/QC procedures, the internal record system, analytical method, sample handling procedures, and final reporting of results.

| Organization ID | Organization Name |
| --- | --- |
| | |
| **Analyst Signature** | **Date** |
| | |

| Organization Contact |
| --- |
| |

I, certify on behalf of my organization that I have read AAR Policy, Article II, Section 2.2.1 and that the analyst being enrolled: meets the requirements of analyst affiliation; has received the required analyst training; and will be monitored through the quality system of the organization listed above.

| Organization Contact Signature | Date |
| --- | --- |
| | |

AIHA Registry Programs®

# Asbestos Analysts Registry Application

## FORM 11 - ANALYST DROP FORM

This form must be submitted to drop an analyst from the AAR program with your organization. If you wish to drop the analyst(s) after the close of a specific AAT round, please indicate the round number as the drop date. If a drop date is not indicated, the analyst will be dropped immediately. Drop Date cannot be earlier than the Submission Date.

| Submission Date | Organization ID # |
|---|---|
| | |
| **Organization Name** | **Contact Name** |
| | |
| **Contact Email** | **Drop Date** |
| | |

Please DROP the following analysts(s) from enrollment in the Asbestos Analysts Registry program with the indicated Organization. Add additional rows as needed.

| Analyst Name | Analyst ID |
|---|---|
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AIHA Registry Programs®

# Asbestos Analysts Registry Application

## FORM 12 - ORGANIZATION DROP FORM

This form must be submitted to drop an organization and its affiliated analyst(s) from the AAR. The drop will be immediately effective if a drop date is not indicated. Dropping the AAR program will also drop the analysts from the Asbestos Analysts Testing (AAT) program.

| Submission Date | Organization ID # |
|---|---|
| | |
| **Organization Name** | **Contact Name** |
| | |
| **Contact Email** | **Drop Date** |
| | |

Please DROP the above organization and its affiliated analysts(s) from participation in the Asbestos Analysts Registry program. Add additional rows as needed.

| Analyst Name | Analyst ID |
|---|---|
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