

P04-06 – CALA Application For Transfer of
Accreditation
Revision 1.11 – July 9, 2018



CALA

Laboratory Accreditation

TABLE OF CONTENTS

| | |
|--|----|
| TABLE OF CONTENTS | 1 |
| CALA APPLICATION FOR TRANSFER OF ACCREDITATION | 1 |
| 1.0 INSTRUCTIONS | 1 |
| 2.0 LABORATORY IDENTIFICATION..... | 4 |
| 3.0 LABORATORY SPECIFICS..... | 7 |
| 4.0 DOCUMENTATION REQUIRED FOR ACCREDITATION | 8 |
| 5.0 PREFERRED DATE OF ASSESSMENT | 10 |
| 6.0 TERMS AND CONDITIONS OF ACCREDITATION..... | 10 |
| 7.0 COMPLETING THE SCOPE OF TESTING TEMPLATE | 11 |
| ANNEX 1: SCOPE OF TESTING TEMPLATE..... | 15 |

CALA APPLICATION FOR TRANSFER OF ACCREDITATION

1.0 INSTRUCTIONS

This application is to be used only by laboratories that are currently accredited to ISO/IEC 17025 by a recognized* accreditation body that is seeking accreditation for the first time by CALA. If the applicant laboratory will be using CALA PT to support all or part of their PT requirements, there is no need to submit a separate PT application. The relevant information will be obtained from the Scope of Testing Templates.

*Note: A recognized accreditation body is defined as an accreditation body that is signatory to the International Laboratory Accreditation Co-operation (ILAC) Mutual Recognition Arrangement (MRA).

The following steps must be completed for the application to be considered complete.

Step 1 Complete Section 2.0 Laboratory Identification

This section must be completed with care. The information contained in this section will be used for all communication between CALA and the applicant laboratory. If the laboratory is using the CALA Proficiency Testing Program in partial or complete support of their accreditation, the PT samples will be shipped to the shipping address.

The participant may include more than one email address. Be sure that the participant's email provider and filter always allows emails from the CALA domain (@cala.ca).

Step 2 Complete Section 3.0 Laboratory Specifics

This information is one of the pieces of information that is retained on file by CALA. It provides a general overview of the size of the laboratory, staffing levels and workload.

Step 3 Complete Section 4.0 Documentation Required for Accreditation

This section provides a list of documentation that must be submitted as part of the application process, as well as the documentation that must be available prior to a site assessment.

The Quality Manual or equivalent Quality Management System documentation, Analytical Methods, supporting Procedures (work instructions) and Method Validation Data must be provided to CALA at least six weeks prior to the assessment. Please note that the assessment will be facilitated if the assessment team reviews the versions of the documents that will be in place at the time of the assessment. As well, one (1) hard copy of the Quality

Manual or equivalent Quality Management System documentation must be submitted, and a completed A18-2017 - Cross Reference to Laboratory Management System. All of these must be provided in a CD-ROM format or on a file-sharing site (not emailed). Failure to provide these in the required timeframe may result in a postponement or cancelation of the assessment, and the laboratory is responsible for any associated costs.

If method validation records and a person familiar with the method are not available at the time of the site assessment, the method will not be assessed. Method validation records must include evidence that actual samples reflective of typical matrices have been analyzed in a typical run, to demonstrate that the method has been implemented as documented, and that the method is fit-for-purpose. The actual samples need not be client samples.

Step 4 Complete Section 5.0 Preferred Date of Assessment

In section 5.0, enter the dates that your laboratory is available for an assessment.

Step 5 Complete Section 6.0 Terms and Conditions

CALA Accreditation Program participants must comply with the terms and conditions http://www.cala.ca/P04-01-Terms_and_Conditions.pdf . An assessment will not be scheduled if these terms are not signed by an authorized laboratory official and returned to CALA.

Step 6 Complete Annex 1: Scope of Testing Template

Section 7.0 provides instructions on the completion of the Scope of Testing Template. A separate template is required for each method for which the laboratory is seeking accreditation.

If you need further assistance in completing the Scope of Testing, please contact a CALA Accreditation Officer.

Email: assessments@cala.ca

Phone: (613) 233-5300

Fax: (613) 233-5501

Step 7 Submit Your Application

Completed applications may be submitted by mail, fax or scanned and emailed. The application sections that must be included in the application are:

Section 2;

Section 3;

Section 4 (including the documentation required by this Section);

Section 5;

Section 6; and,

Annex 1: Scope of Testing Template(s). One for each new appendix.

For an estimate on the length of time to complete the process, please refer to A125 - CALA Accreditation Program Target Timelines (<http://www.cala.ca/library.html>).

Send your completed application to:

CALA
Attention: Program Administrator
102-2934 Baseline Road
Ottawa, ON K2H 1B2

Telephone: (613) 233-5300
Fax: (613) 233-5501
Email: programadmin@cala.ca

2.0 LABORATORY IDENTIFICATION

| | | | |
|--|----------|---|------------|
| CALA File No. (existing clients only) | | Membership: <input type="checkbox"/> Yes <input type="checkbox"/> No (See P02-02 - Fee Schedule for benefits) | |
| Name of Laboratory | | Publicly Traded: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Exchange(s): | Symbol(s): |
| Name of Parent Institution | | Publicly Traded: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | Exchange(s): | Symbol(s): |
| List other accreditations (if applicable): | | Last Assessment Date: | |
| LOCATION OF FACILITY | | | |
| Contact | | Email | |
| Street | | | |
| City | Province | Postal Code | Country |
| Phone Number | | Facsimile Number | |
| MAILING ADDRESS | | SAME AS (check, if applicable) <input type="checkbox"/> "Location of Facility" | |
| Contact | | Email | |
| Street | | | |
| City | Province | Postal Code | Country |
| Phone Number | | Facsimile Number | |
| PT SAMPLE SHIPPING (COURIER) ADDRESS | | SAME AS (check one, if applicable) <input type="checkbox"/> "Mailing Address" <input type="checkbox"/> "Location of Facility" | |
| Contact | | Email | |
| Street | | | |
| City | Province | Postal Code | Country |
| Phone Number | | Facsimile Number | |
| BILLING ADDRESS | | SAME AS (check one, if applicable) <input type="checkbox"/> "Mailing Address" <input type="checkbox"/> "Location of Facility" | |
| Contact | | Email | |
| Street | | | |
| City | Province | Postal Code | Country |
| Phone Number | | Facsimile Number | |
| MANAGEMENT | | | |
| Laboratory Manager/Director | | Email | |
| Quality Assurance Officer | | Email | |
| WITHHOLDING TAX (INTERNATIONAL ONLY) | | CLIENTS SERVED | |
| Withholding Tax Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of tax: ____% | | <input type="checkbox"/> All Interested Parties <input type="checkbox"/> Specified Clients <input type="checkbox"/> Internal | |
| HOW DID YOU HEAR ABOUT CALA | | | |
| How did you hear about CALA? (Please check all that apply) <input type="checkbox"/> Internet Search <input type="checkbox"/> Conference <input type="checkbox"/> Word of Mouth | | | |
| <input type="checkbox"/> Regulatory Requirement <input type="checkbox"/> Email from CALA <input type="checkbox"/> Other _____ | | | |

Directory of Accredited Laboratories.

This on-line Directory provides information on laboratories in the Accreditation Program and the specific scope of testing for which they have been found to be competent, conforming to the requirements of ISO/IEC 17025:

Any fields left blank will appear blank in this directory;

The *Location of Facility* address, as provided on the previous page, is the one that will appear on the Scope; and,

It is the responsibility of the laboratory to contact CALA should address/contact information change.

Please provide information regarding contact information to appear on the Scope of Accreditation.

| INSTITUTION NAME | |
|--|--|
| Name of Laboratory | as listed on previous page |
| Name of Parent | <input type="checkbox"/> include "Name of Parent Institution" as listed on previous page |
| DIRECTORY OF ACCREDITED LABORATORIES | |
| SAME AS (check, if applicable) <input type="checkbox"/> "Location of Facility" | |
| Contact | Email |
| Phone Number | Facsimile Number |

Canada's Anti-Spam Legislation (CASL)

Canada's new anti-spam law was passed in December 2010 and came into force on July 1, 2014. This law, among other things, will mainly prohibit the sending of commercial electronic messages (CEMs) without the recipient's consent (permission), including messages to email addresses, social networking accounts, and text messages sent to a cell phone.

How does CASL Impact CALA Clients/Laboratories?

Current CALA clients or volunteers will receive emails directly related to the delivery of products and services where there is an existing business relationship (i.e. membership, received program application form or registration form, or active volunteer). However, we require your express consent (permission) to send you CALA SUBSCRIPTION communications via email.

What are CALA SUBSCRIPTION Communications?

CALA SUBSCRIPTION communications are the electronic delivery of up to date CALA information and industry announcements. These subscription communications can include any of the following:

1. **Training Program Information:** receive monthly newsletters, and updates on new and upcoming courses, and exciting e-training opportunities.
2. **Surveys:** feedback obtained from surveys is very important for program and service development and improvements.
3. **Quarterly Newsletter:** contains important information on CALA programs/services, as well as notices, Board updates, industry news and CALA document updates.
4. **Lab Digest:** our biweekly e-news brief delivers timely, relevant news articles to your in-box every two weeks.
5. **General Marketing:** occasionally CALA will forward information on services, products and upcoming events of interest to CALA clients.

For each email identified earlier in this application form, please have the email owner check off all and initial desired CALA SUBSCRIPTION Communications. A person can unsubscribe at any time.

| | | CALA Subscription Selection | | | | |
|---------------|-------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Email Address | Initials of Email owner | 1 | 2 | 3 | 4 | 5 |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.0 LABORATORY SPECIFICS

Please provide figures, as specified, on laboratory staffing, sample and testing volume, and floor area.

| | | | |
|----|------------------------------|----------------------------|--------------|
| 1. | Number of Staff | Management | _____ |
| | | Professional and Technical | _____ |
| | | Other | _____ |
| | | Total | _____ |
| 2. | Total Analysts | Testing* | _____ |
| | | Other | _____ |
| | | Total | _____ |
| 3. | Sample Volume | Total Samples per year | _____ |
| | | % Environmental | _____ |
| | | % Food | _____ |
| | | % Mineral | _____ |
| | | % Petroleum | _____ |
| | | % Other | _____ |
| 4. | Testing Volume | Total Tests per year | _____ |
| | | | _____ |
| 5. | Floor Area (m ²) | Testing | _____ |
| | | Other | _____ |
| | | Total | _____ |

* Includes all staff involved in the pre-treatment, preparation or analysis of samples.

4.0 DOCUMENTATION REQUIRED FOR ACCREDITATION

The following documents must be submitted with the application:

- Evidence that the laboratory has purchased a copy of ISO/IEC 17025:2017.
- Evidence that the laboratory is accredited by an ILAC signatory, including the current Scope of Accreditation.
- Last Assessment Report
- Corrective Actions (to any non-conformances identified during the last reassessment)
- Evidence of satisfactory Proficiency Testing (PT) participation
- Internal Audit Records*
- Minutes of Management Review*
- Laboratory Quality Manual or equivalent Quality Management System documentation*
- A completed A18-2017 - Cross Reference to Laboratory Management System *

*Not required if the laboratory holds a CALA accreditation.

The following documents must be submitted six (6) weeks prior to the assessment:

- Test methods and supporting operational procedures.
- Method Validation Records (for any new appendices).
- A list of deviations from the reference method (if applicable and if not already in the test method procedure). See A12 - CALA *Policy on Reference Methods*.

The following documents must be available at the time of the assessment. Please confirm which of them are currently available.

- A copy of ISO/IEC 17025:2017 (<http://www.global.ihs.com/>)
- Organization chart(s) including job titles and reporting relationships.
- Competence requirements for each position (e.g., job descriptions).
- List of proficiency testing participation and reports from PT providers.

Key laboratory documents and records, including but not limited to:

- | | | | |
|--|--------------------------|---------------------------|--------------------------|
| internal quality control | <input type="checkbox"/> | staff training | <input type="checkbox"/> |
| document control | <input type="checkbox"/> | method validation | <input type="checkbox"/> |
| sample management | <input type="checkbox"/> | confidentiality | <input type="checkbox"/> |
| data management including record keeping | <input type="checkbox"/> | equipment maintenance | <input type="checkbox"/> |
| workload management | <input type="checkbox"/> | test organism maintenance | <input type="checkbox"/> |
| procurement of goods and services (including services of other testing laboratories) | <input type="checkbox"/> | complaints | <input type="checkbox"/> |
| | <input type="checkbox"/> | authorizations | <input type="checkbox"/> |

All supporting work instructions, including but not limited to:

- | | | | |
|------------------------------------|--------------------------|---|--------------------------|
| sample history requirements | <input type="checkbox"/> | test organism culturing and/or | <input type="checkbox"/> |
| sample pre-treatment procedures | <input type="checkbox"/> | holding conditions | <input type="checkbox"/> |
| test organism history requirements | <input type="checkbox"/> | labware cleaning/sterilization procedures | <input type="checkbox"/> |

All supporting forms used for sample and/or and data management.

Example test reports.

Technical records, including, but not limited to:

- | | | | |
|---|--------------------------|-----------------------------|--------------------------|
| reagent preparation logs | <input type="checkbox"/> | analyst notebooks | <input type="checkbox"/> |
| equipment maintenance logs | <input type="checkbox"/> | data validation records | <input type="checkbox"/> |
| test organism maintenance logs | <input type="checkbox"/> | records of non-conformances | <input type="checkbox"/> |
| logs documenting gravimetric, temperature and volumetric traceability | <input type="checkbox"/> | | |

5.0 PREFERRED DATE OF ASSESSMENT

Please refer to P26 - CALA *Policy on Transfer of Accreditation* to determine the visit requirements.

List dates that the laboratory is available:

6.0 TERMS AND CONDITIONS OF ACCREDITATION

Name of Laboratory

CALA File No.

As an Authorized Representative of this laboratory, I agree to the general terms and conditions found in Section 1.1 of P04-01 - *Terms and Conditions of Accreditation and/or Proficiency Testing* and the following applicable statements (choose all that apply):

- This laboratory is a participant in the CALA Proficiency Testing Program, and I agree to terms and conditions found in Section 1.2, P04-01.
- This laboratory is a participant in the CALA Accreditation Program, and I agree to terms and conditions found in Section 1.3, P04-01.
- This laboratory is licensed or applying for a license under the OSDWA, and I agree to terms and conditions found in Section 1.4, P04-01.
- This laboratory conducts testing for legislation enforced by the CFIA, and I agree to terms and conditions found in Section 1.5, P04-01.
- CALA may contact the current accreditation body to verify that the laboratory's current accreditation is in good standing.

Authorized Representative

Signature

Title

Date

DD/MM/YY

7.0 COMPLETING THE SCOPE OF TESTING TEMPLATE

A separate scope of testing template is required for each method (appendix) for which the laboratory is seeking accreditation. If the applicant is using CALA PT to support all or part of its PT requirements, a separate PT application is not required. This information will be obtained from the submitted Scope of Testing Templates.

Use the attached *Scope of Testing Template* to prepare an analytical Scope of Testing. Each method (appendix) requires a separate page. Make sufficient photocopies of the template and sequentially number all submitted template pages.

7.1 Explanation of Terms on Scope of Testing Template

In completing a *Scope of Testing Template*, use the following definitions to provide the required summary information:

Analyte: The parameter that is the quantified output of the method (e.g., Phosphorus, Dichloromethane, etc.).

Analytical Technique: Measurement method (e.g., AA, graphite AA, cold vapor AA, flame emission, ICP/MS, ICP, GC/MS, GC/ECD, GC, HPLC, SIE, IC, colorimetric, auto-color, gravimetric, titrimetric, acute lethality, membrane filtration, etc.). For microbiology tests, the analytical technique is further defined by media type (e.g., membrane filtration (mEndo)).

Appendix: A unique matrix-test method combination that may contain more than one analyte. If the appendix is done outside the scope of the main laboratory (e.g., a field test, mobile unit, etc.), it is considered as a separate appendix. Each mobile unit is considered as a separate unit.

Field of Accreditation: A broad category of accreditation generally differentiated by required expertise (e.g., environmental, mineral, petroleum, food, etc...).

Matrix: A substance or material analyzed for the target analyte. Typical matrices include: (i) water, including fresh water (may include drinking water, ground water, surface water, and precipitation), marine water, and waste water (may include industrial effluent, municipal effluent and process water), (ii) soil, including sediment, (iii) plant tissue, (iv) animal tissue, (v) specific solid or liquid wastes (e.g., oils, sludges, etc.), (vi) airborne materials (in air emissions, the ambient air or workplace), collected by filter or other means, (vii) minerals, rocks, tailings, etc...

Commonly Used Matrices are: water, fresh water, wastewater, biological tissue, plant tissue, animal tissue, soil, sediment, air filters, charcoal tubes and waste oil.

Method Reference: Agency or journal method reference abbreviated to the maximum extent possible (e.g., ASTM D1067-70B, EPA 310.1, SM 403, BC MOE D047A007, Anal. Chem 64, 371 (1192), NAQUADAT 19105, etc.). If the method employed by the applicant has been modified from the reference method, include this clarification (e.g., Modified from EPA 624).

OSDWA Check Box: Check this box if you are seeking licensing under the Ontario *Safe Drinking Water Act*.

Proficiency Testing Option: This refers to the CALA Proficiency Testing Policy for Accreditation (P02-03). If CALA PT will be used to support these requirements, the applicant will automatically be registered for the relevant PT. Note that if option (i) is chosen and a PT provider is not designated, the default is the CALA PT and the laboratory will be automatically registered in the CALA PT Program for the applicable analyte(s).

PT Provider: This is the name of the PT Provider that will be used to support the applicant's PT requirements.

Sample Preparation: All procedures such as purging, aeration, pH adjustment, extraction, clean-up, digestion, distillation, etc. carried out on samples (or standards) prior to analysis.

Test Method: Defined, as appropriate, in terms of analytical technique and sample preparation. When sample preparation plays a defining role in recovery, please specify. Examples of analytical technique/sample preparation combinations include ICP - digestion, GC/MS - extraction, Colorimetric - distillation, Hydride AA - digestion, etc.

Test Method I.D.: Unique laboratory I.D. assigned to a test method as part of laboratory document control.

7.2 Laboratories Performing Drinking-Water Testing in Ontario

Laboratories intending to test Ontario drinking water samples must:

Apply to the Ontario Ministry of the Environment, Conservation and Parks (MOECP) for a license, and ensure that accredited methods are in the *Protocol of Accepted Drinking Water Testing Methods*

(https://files.ontario.ca/protocol_of_accepted_drinking_water_testing_methods.pdf) or are approved by the MOECP Director;

Check off the box labeled *OSDWA* on the Scope of Testing template (Annex 1).

For questions relating to the licensing program, please contact the MOECP Laboratory Licensing Administrator.

7.3 Specific Notes

CCME Reference Method for Total Petroleum Hydrocarbons in Soil: Please note the following:

- If the reference method is following exactly, indicate *CCME* in the method reference field;
- If all the prescriptive elements are followed and the listed performance-based choices are validated according to the criteria in Appendix 2 and the performance meets the objectives in Section 8, indicate *CCME* in the method reference field; and,
- If any prescriptive elements are modified, CCME reference cannot be used at all in the method reference field.

If analyzing for petroleum hydrocarbons in water and there is a regulatory or customer requirement to use the fractions in the CCME method, the reference can be listed as “modified from CCME”.

7.4 Proficiency Testing

If option i or option ii Proficiency Testing (PT) is chosen, the Web Data Entry system will be set up so that the laboratory can immediately enter any option i or option ii PT study results. It is incumbent upon the laboratory to do this in a timely manner, as satisfactory PT must be demonstrated before granting of accreditation and not entering the PT results may delay accreditation. It is preferable that this data is entered at least six (6) weeks prior to the assessment.

7.5 Food Testing

Many laboratories in Canada conduct testing for legislation that is enforced by the Canadian Food Inspection Agency (CFIA). Accreditation of testing in these laboratories is governed by the *Agreement Between the CFIA and CALA for the Accreditation of Testing Laboratories*, which came into effect on February 01, 2012. Under this agreement, the CFIA recognizes CALA as an Accreditation Body for Accreditation of Laboratories conducting analyses and tests in all technical fields related to food, feed and fertilizer as per the appropriate Legislation enforced by the CFIA. The responsibilities of each organization are detailed in the Agreement. If applying for accreditation for a test that falls under the CFIA legislation, please note the following:

Field of Accreditation – List “Food”

Appendix Name – List the main analyte or group of analytes (e.g., *Salmonella*, Pesticides, Coliforms, etc...).

Matrix – List the types of foods (submatrices) that are tested for legislation under CFIA in the laboratory (e.g., meat, eggs, poultry). Also, please list any exclusions (e.g., Milk (excluding Pasteurized Milk)). If there is not enough room in this field, simply note these matrices somewhere else on the page with a clear indication as to what they are, so that they are not

confused with analytes. Food Appendices must include at least one submatrix (i.e., labs cannot only list “Food” for the matrix and submatrix).

Test Method - List the main analytical method (e.g., Direct Plating).

Method Reference - List the reference method (e.g., MFLP-58). If the method is followed exactly, do not check the box that says “Modified from”; if this box is checked, the scope listing will say “Modified from MFHPB20”. Note, in cases where there are modifications to the reference method, it is required that the laboratory have a document on file listing the modifications from the reference method (please refer to A12 - CALA *Policy on Reference Methods*).

Test Method I.D. - List the laboratory’s internal document control number for the method.

Analytes - List the analytes; an appendix may have one (1) analyte (e.g., *Aeromonas hydrophila*) or several (e.g., a list of pesticides).

NOTE: One reference method may result in two or more appendices (e.g., Pesticides in Meat using GC/MS and Pesticides in Meat using GC/FID).

Proficiency Testing Option - Refer to P02-03 *CALA Program Description - Proficiency Testing Policy for Accreditation* for guidance on proficiency testing requirements. Circle the option that is applicable for the analyte.

PT Provider - Document the name of the PT provider.

Example Scope Listing

Appendix 001 - *Salmonella* - Food [Milk Powder, Egg, Cheese, Butter, Evaporated Milk, Meat]

Method: Spread Plate

Reference Method: MFHPB20

Lab ID: SOP 123

Analyte(s):

Salmonella

A field of accreditation is a broad category of accreditation, generally defined by required expertise. For example, while some assessors may have expertise to assess both environmental and food testing, some assessors may not have the experience or credentials to assess both types of testing. Practically speaking, this means that two assessors may have to be assigned to cover a proposed scope of testing even if the laboratory is fairly small. It’s not unusual that different fields of accreditation have slightly different procedures or require specialized policies or application of the standard, simply due to the nature of the testing.

ANNEX 1: SCOPE OF TESTING TEMPLATE

(Also available in Word format on the CALA Web site www.cala.ca.)

GREY BOXED AREAS FOR CALA USE ONLY

| | | | | | | | |
|---|---|--|---|-------------------|--------------------------|--|-------------|
| <input type="checkbox"/> Check and identify if laboratory address is different than "Location of Facility" identified in Section 2.0. | | | | Template ID _____ | | | |
| Facility Name: _____ | | | | | | | |
| CALA File No. (existing members only) | Field of Accreditation (e.g. Environmental, Mineral, Petroleum, Food) | | | Page | of | | |
| Appendix Number | Appendix Name (e.g., VOCs) | | | PT Test Group | Status | | |
| Matrix (e.g., Water, Solids, Oil, Food etc.) | | Matrix | Test Method (e.g., Purge and Trap/GCMS) | | | | |
| Method Reference (e.g., EPA 6024) <input type="checkbox"/> "modified from" | | Test Method I.D. (e.g., SOP 101.2) | | | | | |
| Analytes | OSDWA | Proficiency Testing Option (circle one) | PT Provider | Analytes | OSDWA | Proficiency Testing Option (circle one) | PT Provider |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| | <input type="checkbox"/> | i, ii, iv, v, vi | | | <input type="checkbox"/> | i, ii, iv, v, vi | |
| <p>Note: (1) if applying for a long list of analytes, a template is available at http://www.cala.ca/excel-analyte (2) when completing the Matrix area, please reference our Matrix and Sub-Matrix Guide http://www.cala.ca/A136</p> <p>Instructions: Ensure that ALL requested information is complete and accurate. This information will appear in your accredited Scope of Testing. When providing the requested information, refer to the instructions in the specific CALA application and use the following guidelines:</p> <ol style="list-style-type: none"> Appendix Identification: Analytes having a unique matrix – test method combination must be assigned to separate appendices (i.e., separate pages of the template). Analytes: An appendix may contain one or more applicable analytes. Method Ref: Add the words <i>modified from</i> if your method does not follow the Method Reference exactly. Proficiency Testing Option: refer to P02-03-CALA Program Description-Proficiency Testing Policy for Accreditation. NOTE: If option (i) is chosen and a PT Provider is not designated, the default is the CALA PT and the laboratory will be automatically registered in the CALA PT Program for the applicable analyte(s). | | | | | | | |