

**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SPILL PREVENTION AND RESPONSE
CONTAMINATED SITES LABORATORY APPROVAL PROGRAM**

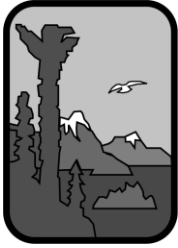
cs.lab.cert@alaska.gov
PHONE: (907) 465-5346

Instructions for Applying for State of Alaska Contaminated Sites Laboratory Approval

In accordance with 18 AAC 75.355(e), 78.090(g), 78.235(d), 78.271(c), and 78.275(e), any lab conducting sample analysis under the site cleanup rules and/or the Underground Storage Tank (UST) program must be approved under the Laboratory Approval Program described in 18 AAC 78.800 – 78.815. In order to be approved under 18 AAC 78.800 – 78.815, a laboratory must first obtain approval from an approved Accrediting Body (AB) under a NELAP or DoD-ELAP program. The laboratory must then submit a completed application and proof of NELAP or DoD-ELAP approval.

ADEC will have 30 days to respond after receipt of a complete application for approval. In order for an application for approval to be complete, the lab must submit the following information to cs.submittals@alaska.gov:

- _____ Part 1 – Application Form PDF
- _____ Part 2 – Requested Analytes Excel Workbook
- _____ All NELAP and/or DoD-ELAP certifications listed in Part 2

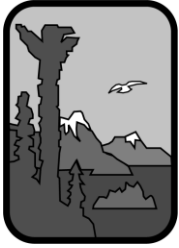


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Part 1 – Application Form

ALASKA LAB ID NUMBER		NAME OF LAB	
DESIRED ACTION (CHECK BOX)			
<input type="checkbox"/>	New Lab Approval	<input type="checkbox"/>	Renewal of Lab Approval
<input type="checkbox"/>		<input type="checkbox"/>	Change in Contacts or Status
LAB DIRECTOR/MANAGER		EMAIL ADDRESS	
LAB QUALITY ASSURANCE MANAGER		EMAIL ADDRESS	
MAIN PHONE NUMBER		MAIN FAX NUMBER	
LAB STREET ADDRESS			
CITY		STATE	ZIP
LAB MAILING ADDRESS			
CITY		STATE	ZIP
ACCREDITING PROGRAM			
<input type="checkbox"/>	DoD-ELAP	<input type="checkbox"/>	NELAP
<input type="checkbox"/>		<input type="checkbox"/>	Both
ACCREDITING BODIES – LIST ALL ACCREDITING BODIES AND ATTACH PROOF OF CURRENT ACCREDITATION			



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If you wish to provide any additional information, please do so here.

Signature of the Lab Director/Manager

Date

Signature of the Lab Quality Assurance Manager

Date

By signing above, the Lab Director/Manager and Lab Quality Assurance (QA) Manager acknowledge that they have read 18 AAC 78.800 and that they are responsible for ensuring that the lab follows the requirements of 18 AAC 78.800. Under 18 AAC 78.800, the lab is required to notify the State of Alaska of any changes in their NELAP and/or DoD-ELAP status within 3 business days. Failure to do so will result in revocation of State of Alaska approval for one year.

Any changes in Lab director or QA manager or changes in facility location or mailing address should be reported to the State within 30 days.

Attachments:

Part 2 – Requested Analytes

NELAP and/or DoD-ELAP approvals