

**ALASKA DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF SPILL PREVENTION AND RESPONSE  
CONTAMINATED SITES LABORATORY APPROVAL PROGRAM**  
[CS.LAB.CERT@ALASKA.GOV](mailto:CS.LAB.CERT@ALASKA.GOV)  
PHONE: (907) 465-5390  
FAX (907) 465-5076

## **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, 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](mailto: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

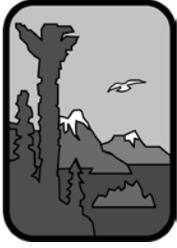


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## Part 1 – Application Form

<b>ALASKA LAB ID NUMBER OR UST NUMBER</b>		<b>NAME OF LAB</b>	
<b>DESIRED ACTION (CHECK BOX)</b>			
<input type="checkbox"/>	New Lab Approval	<input type="checkbox"/>	Renewal of Lab Approval
<input type="checkbox"/>		<input type="checkbox"/>	Change in Contacts or Status
<b>LAB DIRECTOR/MANAGER</b>		<b>EMAIL ADDRESS</b>	
<b>LAB QUALITY ASSURANCE MANAGER</b>		<b>EMAIL ADDRESS</b>	
<b>MAIN PHONE NUMBER</b>		<b>MAIN FAX NUMBER</b>	
<b>LAB STREET ADDRESS</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>
<b>LAB MAILING ADDRESS</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>
<b>ACCREDITING PROGRAM</b>			
<input type="checkbox"/>	DoD-ELAP	<input type="checkbox"/>	NELAP
<input type="checkbox"/>		<input type="checkbox"/>	Both
<b>ACCREDITING BODIES – LIST ALL ACCREDITING BODIES ON TABLES 1 – 3 OF THIS APPLICATION AND ATTACH PROOF OF CURRENT ACCREDITATION</b>			



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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