

# Application for FSIS Accredited Laboratory Program

US Department of Agriculture  
 Food Safety Inspection Service  
 Office of Public Health Science  
 Accredited Laboratory Program  
 Athens, GA 30605

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LABORATORY NAME:

STREET ADDRESS (PO Box alone not acceptable):

CITY:

STATE:

ZIP CODE:

NAME AND TITLE OF PRIMARY CONTACT:

\_\_\_\_\_

NAME

TITLE

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

NAME AND TITLE OF OWNER/MANAGER:

\_\_\_\_\_

NAME

TITLE

**1. ACCREDITATION REQUESTED**

Yes

No

A. FOOD CHEMISTRY (Moisture, Protein, Fat, and Salt)

\_\_\_\_\_

\_\_\_\_\_

B. RESIDUE CHEMISTRY

Chlorinated Hydrocarbons (CHC)

\_\_\_\_\_

\_\_\_\_\_

Polychlorinated Biphenyls (PCB)

\_\_\_\_\_

\_\_\_\_\_

Arsenic (As)

\_\_\_\_\_

\_\_\_\_\_

Sulfonamides

\_\_\_\_\_

\_\_\_\_\_

Nitrosamines

\_\_\_\_\_

\_\_\_\_\_

**2. IF YOUR LABORATORY IS CURRENTLY ACCREDITED BY THE FSIS ALP, PLEASE PROVIDE YOUR ALP LABORATORY NUMBER.** \_\_\_\_\_

**3. HAS YOUR LABORATORY EVER BEEN PREVIOUSLY ACCREDITED BY THE ALP UNDER THE PRESENT OR A DIFFERENT NAME? (If no, proceed to section 5.)**

Yes

No

\_\_\_\_\_

\_\_\_\_\_

If you answered yes in section 3, please provide the ALP laboratory number and the type of accredited analysis.

\_\_\_\_\_

ALP #

ANALYSIS

**4. WAS YOUR FSIS ALP ACCREDITATION EVER PLACED ON PROBATION AND/OR EVER REVOKED?**

Yes

No

\_\_\_\_\_

\_\_\_\_\_

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If you answered yes in section 4, please provide the most recent probation/revocation date: \_\_\_\_\_

**5. IS YOUR LABORATORY CURRENTLY ACCREDITED BY ANY OTHER STATE OR FEDERAL PROGRAM?**

Yes                      No  
\_\_\_\_\_                      \_\_\_\_\_

If you answered yes in section 5, please provide the name and description of the program(s).

NAME:

DESCRIPTION:

**6. LABORATORY SUPERVISOR HAS A BACHELOR'S DEGREE OR HIGHER IN:** *Please enclose transcript or proof of degree. Proof is subject to verification with the degree granting institution.*

Years  
Experience

Chemistry

\_\_\_\_\_                      \_\_\_\_\_

Food Science

\_\_\_\_\_                      \_\_\_\_\_

Food Technology

\_\_\_\_\_                      \_\_\_\_\_

Related Field (specify):

\_\_\_\_\_                      \_\_\_\_\_

**7. HAS THE LABORATORY OR ANY INDIVIDUAL OR ENTITY RESPONSIBLY CONNECTED WITH THE LABORATORY BEEN INDICTED OR HAVE CHARGES BEEN BROUGHT AGAINST THE LABORATORY OR RESPONSIBLY CONNECTED INDIVIDUAL OR ENTITY, IN A FEDERAL OR STATE COURT, CONCERNING ANY OF THE FOLLOWING VIOLATIONS OF LAW?**

Yes                      No

A. Any felony.

\_\_\_\_\_                      \_\_\_\_\_

B. Any misdemeanor based upon acquiring, handling, or distributing of unwholesome, misbranded, or deceptively packaged food or upon fraud in connection with transactions in food.

\_\_\_\_\_                      \_\_\_\_\_

C. Any misdemeanor based on false statement to any government agency.

\_\_\_\_\_                      \_\_\_\_\_

D. Any misdemeanor based upon the offering, giving, or receiving of bribe or unlawful gratuity.

\_\_\_\_\_                      \_\_\_\_\_

I certify that, to the best of my knowledge and belief, all information contained herein is true and understand that any willful falsification of this certification is a felony and may result in a fine of \$250,000 or more for an individual or \$500,000 or more for a corporation and imprisonment for not more than 5 years or both (18 USC 1001, 3571, and 3623). I have read the rules and requirements contained in 9 CFR Parts 391 and 439 and agree to abide by these rules and other requirements of the FSIS Accredited Laboratory Program.

SIGNATURE OR OWNER/MANAGER

DATE

**TO BE COMPLETED BY ACCREDITED LABORATORY PROGRAM OFFICIALS**

Fees paid?	Yes _____	No _____
On-site review required?	Yes _____	No _____
ACCREDITATION CHECK SAMPLES	Pass	Fail
First Analysis	_____	_____
Second Analysis	_____	_____
OTHER SUPPORTING DOCUMENTATION NEEDED FOR REVIEW:		
Approved _____	Denied (attach reason for denial) _____	
LABORATORY NUMBER :		
NAME OF REVIEWING OFFICIAL:		
SIGNATURE	DATE	