

US Department of Agriculture  
 Food Safety Inspection Service  
 Accredited Laboratory Program  
 950 College Station Road  
 Athens, GA 30605

## Application for FSIS Accredited Laboratory Program

LABORATORY NAME: \_\_\_\_\_

STREET ADDRESS (PO Box alone not acceptable): \_\_\_\_\_

CITY: _____	STATE: _____	ZIP CODE: _____
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NAME OF PRIMARY CONTACT: _____	TITLE OF PRIMARY CONTACT: _____
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PHONE NUMBER: _____	FAX NUMBER: _____	EMAIL ADDRESS: _____
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NAME OF OWNER/MANAGER: _____	TITLE OF OWNER/MANAGER: _____
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1. ACCREDITATION REQUESTED:	Yes	No
A. FOOD CHEMISTRY (Moisture, Protein, Fat, and Salt)	<input type="checkbox"/>	<input type="checkbox"/>
B. RESIDUE CHEMISTRY		
Chlorinated Hydrocarbons (CHC)	<input type="checkbox"/>	<input type="checkbox"/>
Polychlorinated Biphenyls (PCB)	<input type="checkbox"/>	<input type="checkbox"/>
Arsenic (As)	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>
Nitrosamines	<input type="checkbox"/>	<input type="checkbox"/>

2. IF YOUR LABORATORY IS CURRENTLY ACCREDITED BY THE FSIS ALP, PLEASE PROVIDE YOUR ALP LABORATORY NUMBER BELOW:

LABORATORY NUMBER: \_\_\_\_\_

3. HAS YOUR LABORATORY EVER BEEN PEVIOUSLY ACCREDITED BY THE ALP UNDER THE PRESENT OR DIFFERENT NAME? (If no, proceed to section 5)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

3a. 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 REVOKED?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

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

DATE

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5. IS YOUR LABORATORY CURRENTLY ACCREDITED BY ANY OTHER STATE OR FEDERAL PROGRAM?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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5a. If you answered yes in section 5, please provide the name and description of the programs

a. NAME:

b. DESCRIPTION:

6. LABORATORY SUPERVISOR HAS A BACHELOR'S DEGREE OR HIGHER IN: <i>(Please enclose transcript or proof of degree. Proof is subject to verification with the degree granting institution)</i>		Years Experience
Chemistry	<input type="checkbox"/>	_____
Food Science	<input type="checkbox"/>	_____
Food Technology	<input type="checkbox"/>	_____
Related Field (specify):	<input type="checkbox"/>	_____

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	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
C. Any misdemeanor based on false statement to any government agency.	<input type="checkbox"/>	<input type="checkbox"/>
D. Any misdemeanor based upon the offering, giving, or receiving of bribe or unlawful gratuity.	<input type="checkbox"/>	<input type="checkbox"/>

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:	DATE:
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**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: