

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: _____ |
|-------------|--------------|-----------------|

| | |
|--------------------------------|---------------------------------|
| NAME OF PRIMARY CONTACT: _____ | TITLE OF PRIMARY CONTACT: _____ |
|--------------------------------|---------------------------------|

| | | |
|---------------------|-------------------|----------------------|
| PHONE NUMBER: _____ | FAX NUMBER: _____ | EMAIL ADDRESS: _____ |
|---------------------|-------------------|----------------------|

| | |
|------------------------------|-------------------------------|
| NAME OF OWNER/MANAGER: _____ | TITLE OF OWNER/MANAGER: _____ |
|------------------------------|-------------------------------|

| 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"/> |
|---|---------------------------------|--------------------------------|

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: |
|------------|-------|

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: