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US Department of Agriculture  
Food Safety Inspection Service  
Office of Public Health Science  
Accredited Laboratory Program  
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:	PHONE 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 Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
Polychlorinated Biphenyls (PCB)	<input type="checkbox"/>	<input type="checkbox"/>
Specify Accreditation(s): _____		
Please contact the ALP at <a href="mailto:ALP@usda.gov">ALP@usda.gov</a> for available accreditation(s).		
C. MICROBIOLOGY	<input type="checkbox"/>	<input type="checkbox"/>
Specify Accreditation(s): _____		
Please contact the ALP at <a href="mailto:ALP@usda.gov">ALP@usda.gov</a> for available accreditation(s). <i>Laboratories are required to have the proper APHIS permits to participate in ALP Microbiology accreditations.</i>		

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 <input type="checkbox"/>	No <input type="checkbox"/>
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3a. If you answered yes in section 3, please provide the ALP laboratory number and the type of accredited measurand:

_____	_____
ALP #	MEASURAND

4. WAS YOUR FSIS ALP ACCREDITATION EVER PLACED ON SUSPENSION AND/OR REVOKED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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4a. If you answered yes in section 4, please provide the most recent suspension/revocation date:

DATE

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:

*(Please enclose transcript or proof of degree. Proof is subject to verification with the degree granting institution). Check All That Apply:*

Years  
Experience

Chemistry

\_\_\_\_\_

Food Science

\_\_\_\_\_

Food Technology

\_\_\_\_\_

Biology

\_\_\_\_\_

Microbiology

\_\_\_\_\_

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:

DATE:

Please submit the completed form to: [ALP@usda.gov](mailto:ALP@usda.gov).

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

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Fees paid? Yes  No

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On site review required? Yes  No

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ACCREDITATION QUALIFICATION SAMPLES Pass Fail

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First Analysis:

Second Analysis:

Third Analysis:

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OTHER SUPPORTING DOCUMENTATION NEEDED FOR REVIEW:

  
  

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Approved

Denied (*attach reason for denial*)

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LABORATORY NUMBER:

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NAME OF REVIEWING OFFICIAL:

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SIGNATURE:

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DATE:

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