Parameter Addition Form

Laboratory Name _____ E-_____ Date_____

1) If it becomes necessary for your laboratory to add any additional parameters to your current accreditation, you must make the request in writing and send this completed form with your request to our office.

2) For primary certification, every request for adding parameters must include the parameter name, method #, program (DW, NPW, S/HZ), a copy of the laboratory SOP, and the Initial Demonstration of Capability (DOC).

3) For secondary certification, every request for adding parameters must include the parameter name, method #, program (DW, NPW, S/HZ), and a copy of the laboratory scope from the primary accreditation body.

4) If PTs are required, the laboratory must demonstrate acceptable performance for at least two PTs out of the most recent three attempted.

YOU WILL BE BILLED AFTER APPROVAL

PARAMETER	METHOD #	LAB SOP #	INITIAL DOC COMPLETED	Program		
				DW	NPW	S/HZ
EXAMPLE: ALUMINUM	200.7	SOP #1	X		X	

DW=Drinking Water; NPW=NonPotable Water; S/HZ=Solids/Hazardous Waste

Return to:
Environmental Laboratory Improvement Program Office
Kansas Health & Environmental Laboratories
6810 SE Dwight Street
Topeka, KS 66620

Contact Information:
Phone: 785-296-1620
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