

The response to this information collection is voluntary. The information is needed before approval is granted to laboratories analyzing official meat and poultry samples. The information is used to assure compliance with FSIS Regulations, 9 CFR 318, 381, and 391. (OMB No. 0583-0015).

APPLICATION FOR ACCREDITATION

LABORATORY NAME		STREET ADDRESS (P.O. Box alone not acceptable)			
CITY	STATE	ZIP CODE	PHONE NUMBER	FAX NUMBER	

NAME AND TITLE OF OWNER/MANAGER	NAME AND TITLE OF CONTACT PERSON
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<p>1. ACCREDITATION REQUESTED:</p> <p>A. FOOD CHEMISTRY <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. RESIDUE CHEMISTRY</p> <p>Chlorinated Hydrocarbons <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Polychlorinated Biphenyls <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Arsenic <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sulfonamides <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Nitrosamines <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. IS YOUR LABORATORY CURRENTLY ACCREDITED BY FSIS FOR ANY OF THE FOLLOWING ANALYSES?</p> <p>A. FOOD CHEMISTRY <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. RESIDUE CHEMISTRY</p> <p>Chlorinated Hydrocarbons <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Polychlorinated Biphenyls <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Arsenic <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sulfonamides <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Nitrosamines <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered Yes to any of the above, give your Laboratory Number: _____</p>	<p>3. HAS YOUR LABORATORY EVER BEEN PREVIOUSLY ACCREDITED BY FSIS FOR EITHER FOOD CHEMISTRY OR RESIDUE CHEMISTRY UNDER THE PRESENT OR A DIFFERENT NAME?</p> <p><input type="checkbox"/> No (If you answer is No, proceed to question 5.)</p> <p><input type="checkbox"/> Yes Laboratory No.: _____</p> <p>Analysis accredited for: _____</p> <hr/> <p style="text-align: center;">DATE OF ACCREDITATION</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">From</td> <td style="width:10%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Year</td> </tr> <tr> <td style="border-top: 1px dashed black;"></td> <td style="border-top: 1px dashed black;"></td> <td style="border-top: 1px dashed black;"></td> <td style="border-top: 1px dashed black;"></td> </tr> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">To</td> <td style="width:10%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Year</td> </tr> <tr> <td style="border-top: 1px dashed black;"></td> <td style="border-top: 1px dashed black;"></td> <td style="border-top: 1px dashed black;"></td> <td style="border-top: 1px dashed black;"></td> </tr> </table>		From	Month	Year						To	Month	Year				
	From	Month	Year															
	To	Month	Year															

<p>4. WAS YOUR FSIS ACCREDITATION EVER PLACED ON PROBATION AND/OR EVER REVOKED?</p> <p><input type="checkbox"/> Yes If yes, give the most recent date(s) below.</p> <p><input type="checkbox"/> No</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">From</td> <td style="width:10%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Year</td> </tr> <tr> <td style="border-top: 1px dashed black;"></td> <td style="border-top: 1px dashed black;"></td> <td style="border-top: 1px dashed black;"></td> <td style="border-top: 1px dashed black;"></td> </tr> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">To</td> <td style="width:10%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Year</td> </tr> <tr> <td style="border-top: 1px dashed black;"></td> <td style="border-top: 1px dashed black;"></td> <td style="border-top: 1px dashed black;"></td> <td style="border-top: 1px dashed black;"></td> </tr> </table>		From	Month	Year						To	Month	Year					<p>5. IS YOUR LABORATORY CURRENTLY CERTIFIED/ACCREDITED BY ANY OTHER STATE OR FEDERAL PROGRAMS? (If yes, give name of program(s) and certification/ accreditation given.)</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	From	Month	Year														
	To	Month	Year														

<p>6. LABORATORY SUPERVISOR HAS A BACHELOR'S DEGREE OR HIGHER IN:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%; text-align: center;">Years experience</td> </tr> <tr> <td>Chemistry <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Food Science <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Food Technology <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Related Field <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p><i>Specify and Enclose Transcript:</i> _____</p>					Years experience	Chemistry <input type="checkbox"/> Yes <input type="checkbox"/> No					Food Science <input type="checkbox"/> Yes <input type="checkbox"/> No					Food Technology <input type="checkbox"/> Yes <input type="checkbox"/> No					Related Field <input type="checkbox"/> Yes <input type="checkbox"/> No					<p>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:</p> <p>A. Any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>C. Any misdemeanor based upon a false statement to any government agency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Any misdemeanor based upon the offering, giving, or receiving of bribe or unlawful gratuity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
				Years experience																						
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Food Technology <input type="checkbox"/> Yes <input type="checkbox"/> No																										
Related Field <input type="checkbox"/> Yes <input type="checkbox"/> No																										

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 U.S.C. 407, 1001, and 3623). I have read the rules and requirements contained in 9 CFR, Parts 318, 381, and 391 and agree to abide by these and other requirements of the Accredited Laboratory Program.

SIGNATURE OF OWNER/MANAGER	DATE
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TO BE COMPLETED BY ACCREDITED LABORATORY PROGRAM OFFICIALS	
<p>Fees Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Onsite Review required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Other Supporting Documentation Needed For Review: _____</p>
<p>ACCREDITATION CHECK SAMPLES</p> <p>First Analysis <input type="checkbox"/> Passed <input type="checkbox"/> Failed</p> <p>Second Analysis <input type="checkbox"/> Passed <input type="checkbox"/> Failed</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied (attach reasons for denial)</p> <p>LAB NO. _____ DEBTOR NO. _____</p>

NAME AND SIGNATURE OF REVIEWING OFFICIAL	DATE
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