AASHTO ACCREDITATION PROGRAM (AAP)

Annual Review Form

This form is to be completed for initial accreditations and for those laboratories that did not submit their Annual Review Forms by the due date. Once completed, the form should be emailed along with all relevant attachments to the Quality Analyst assigned to the accreditation activity or to the general AAP mailbox at aap@aashtoresource.org.

Step 1. Review of Laboratory Contact Information

Please review the information on your laboratory's account on the AASHTO re:source website. Pay attention to the addresses, contacts, phone numbers, email addresses, website address, and login information that you use to access your account. If you notice that anything is not correct, please make the updates on the website. If there are any items that you cannot change on your own, please contact your Quality Analyst. This is also a good time to make sure that you have established two contacts for accreditation notifications.
The primary and secondary contacts will receive all accreditation-related emails.

By entering your name, you agree that you have reviewed the information regarding your laboratory's account and either confirmed that it is accurate or have notified our office to make the appropriate changes:

Name: Date:

Step 2. Laboratory Name

If the name of your laboratory is different than the one listed on your laboratory's account on the AASHTO re:source website, please enter the new name of your laboratory below. If there are no changes to your laboratory name, please leave this entry on the form blank.

Please change our laboratory name to:

If you are making any changes to the name, please attach a copy of the state-issued business license and other licenses showing any fictitious names (other name under which your company is doing business as) your laboratory would also like to include in the accreditation directory listing. We will always list the name on the state-issued license first with the fictitious name second. We will not list only the fictitious name. If your laboratory is in the state of California, you will need to also attach your county-issued license for the fictitious name confirmation.

Step 3. Laboratory Location

If your laboratory is no longer in the same location as the one listed on the AASHTO re:source website, please enter your current location below. If your location is correct, please leave this entry on the form blank.

Street Address 1:

Street Address 2:

City:

State:

Country:

Zip code:

Date of Move:

Step 4. Management

Please identify the technical director or Manager of Inspection / Testing Services. If this individual is a professional engineer, you must enter the information regarding the license. The biographical sketch for all Managers of Inspection / Testing Services is required to be included with the submittal of this form.

Name:

Years of Experience:

Title:

Phone Number:

Email Address:

If this person is a Professional Engineer, please complete the following sections:

PE License Number:

State of Registry:

Expiration Date:

Is this person a full-time employee at this laboratory location?

If this person is responsible for the technical oversight of multiple locations, or is not exclusively stationed at this location, please attach an explanation regarding this situation. The explanation should include a description of all duties as they pertain to all locations involved even if they are not included in the scope of your laboratory's accreditation.

Step 5. Organizational Chart

Please attach a copy of your organizational chart along with this form. Be sure that it is current and includes the names and positions of all technical operational personnel.

Step 6. Miscellaneous Issues

If there are any other significant staffing changes, shared equipment, contracting situations, or changes to the duties of management at this location since the last annual review, please attach an explanation of these situations with this form.

Step 7. Rights and Responsibilities

The AASHTO Accreditation Program publishes its Procedures Manual. This document describes the program's requirements and your laboratory's responsibilities. The following list summarizes some of the key components of your laboratory's rights, responsibilities, and requirements. By entering your name at the end of this document and submitting this form, you certify that you have read and agree to comply with items 1 through 13 listed below.

To become accredited and maintain accreditation, you must agree to comply with the following:

1. The laboratory must complete this document, sign and return it to AASHTO re:source along with required documentation.
2. The laboratory must comply with the requirements for accreditation, including those set forth in this document and the AAP Procedures Manual.
3. The laboratory may publicize their AAP accredited status in reports, stationery, and in business and trade publications. Advertising must accurately reflect the scope of the laboratory's accreditation and may not imply product certification.

4. The laboratory may use an appropriate AAP logo on letterhead, brochures, and test reports. Permission for use of the logo is limited to those cases that describe testing within the scope of the AAP accreditation.

5. If the laboratory has obtained work that requires AASHTO Accreditation, it must inform the client if there are any limitations in the scope of its accreditation as it pertains to the fulfillment of the client's testing needs prior to the performance of any testing. The laboratory must also clearly identify in the test report which test method(s), or portion of test method(s), are not included in the scope of the laboratory's AASHTO Accreditation for that project.

6. The laboratory must not use its accreditation in such a manner as to bring AAP into disrepute and must not make any statement relevant to its accreditation which AAP may consider misleading or unauthorized.

7. The laboratory must return accreditation certificates to AAP and must discontinue advertising references to AAP accreditation when (a) accreditation has been revoked by AAP, (b) the laboratory voluntarily withdraws from participation in AAP, or (c) the laboratory becomes unable to conform to any of the criteria required for AAP accreditation.

8. The laboratory must notify AASHTO re:source in writing within 60 days of any major change which may affect the scope of the laboratory's accreditation. Major changes include, but are not limited to, changes in the laboratory's quality system, changes in the capability to perform tests for which the laboratory is accredited, changes in ownership, change of location (for permanent and temporary facilities), changes in managerial personnel, or changes to the facilities.

9. The laboratory must receive appropriate on-site assessments from AASHTO re:source and/or applicable 2nd parties (such as CCRL and USACE) at regularly scheduled intervals. If the laboratory desires AAP accreditation for compliance to ISO/IEC 17025, the laboratory must obtain AAP ISO/IEC 17025 audits at regularly scheduled intervals.

10. The laboratory must resolve all on-site assessment deficiencies and ISO audit nonconformities applicable to the laboratory's accreditation. The laboratory must provide AASHTO re:source with evidence and documentation describing the corrective actions taken within 90 days of the date of issuance of applicable 2nd party and/or AASHTO re:source final reports.

11. The laboratory must participate in the appropriate AASHTO re:source or CCRL proficiency sample programs which include the specific tests for which the laboratory desires accreditation.

12. The laboratory must authorize the release of any information needed to evaluate the laboratory, such as copies of applicable 2nd party assessment and proficiency sample reports, to the AASHTO re:source.

13. The laboratory must pay all applicable fees. The laboratory understands that invoices issued on April 1st of each year are for accreditation services rendered in the previous calendar year.

By entering my name, I certify that I have read and agree to comply with items 1 through 13 listed above.

Name: Date:

Summary of Documents that are required to be included along with this form:

- A state-issued business license if your laboratory has changed its name without notifying our office
- Information about the Manager of Inspection / Testing Services such as years of experience, title, contact information, professional engineer's license details (if applicable), and a biographical sketch
- A letter of explanation about any situations in which the Manager of Inspection / Testing Services is not dedicated on a full-time basis to the laboratory location
- A copy of the laboratory's organizational chart including the names and positions of all technical operational staff
- A letter of explanation about any significant staffing changes, shared equipment, contracting situations, or changes to the duties of management at this location since the last annual review.