AASHTO ACCREDITATION PROGRAM (AAP)

Annual Review Form

This form is to be completed by laboratories that did not submit their Annual Review Forms by the due date using the online form. Once completed, the form shall be submitted through the Accreditation Events system along with all relevant attachments.

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 or info@aashtoresource.org. 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:

Signature of Technical Director:		Date:	

Step 2. Laboratory Name

If the name of your company is different from the one listed on your laboratory's account on the AASHTO re:source website, please enter the correct name of your company below, and submit documentation from the Secretary of State for the state in which your laboratory operates for the registered company name and any trade or fictitious name. If there are no changes to your company name, please leave this entry on the form blank.

Please change our laboratory name to:	

Step 3. Laboratory Location

Please confirm whether your laboratory is in the same physical location as the one listed on the AASHTO re:source website:

- ◯ Yes, the laboratory is in the same physical location as the one listed on the AASHTO re:source website.
- ◯ No, the laboratory has moved to a new physical location. Your Quality Analyst will notify you once an accreditation event has been created on our website to collect the required documentation for this relocation.

Step 4. Management

Please identify the Technical Manager. If this individual is a professional engineer, you must enter the information regarding the license. The biographical sketch for the Technical Manager is required to be included with the submittal of this form.

Technical Director:			
Position Title:		Years of Experience:	
Email Address:		Phone Number:	
PE License No. / State*:		Expiration Date:	

* If applicable: The Technical Director is required to hold a valid PE license for accreditation of certain standards.

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 complete and submit the **Multi-Site or Off-Site Personnel Form**.

Step 5. Organizational Chart

Please submit a copy of your organizational chart along with this form. Make sure that the chart is current and that it includes the names and position titles of all staff involved in the field and laboratory testing services. Please also make sure that the organizational chart includes lines of authority between personnel and organizational components and that the lines of authority show the hierarchical relationships that exist between staff. The laboratory might also have a separate list of technical staff that is referenced on the organizational chart. This could be advantageous in a situation such as when the laboratory has a large number of field technicians and inspectors. In such cases, the names of personnel and their position titles can be maintained solely on this separate list. However, the personnel identified in this separate list shall be traceable to the organizational components depicted on the chart so that the two documents together substantiate the hierarchical relationships that exist between all staff as described above.

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. If there are additional shared personnel situations not already captured, please complete and submit the **Multi-Site or Off-Site Personnel Form**.

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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 12 listed below:

1. The laboratory must conform with the requirements of AASHTO R 18 and the AASHTO Accreditation Program (AAP) Procedures Manual at all times.
2. The laboratory may publicize its AASHTO accreditation 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.
3. 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.
4. 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(s) of test method(s), are not included in the scope of the laboratory's AASHTO accreditation for that project.
5. 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.
6. The laboratory must discontinue advertising references to AASHTO accreditation when the laboratory is no longer accredited.
7. 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 mobile facilities), changes in managerial personnel, or changes to the facilities.
8. The laboratory must receive appropriate assessments from AASHTO re:source and/or applicable 2nd parties (such as CCRL and USACE) at regularly scheduled intervals. If the laboratory desires AASHTO accreditation for compliance to ISO/IEC 17025, the laboratory must receive AAP ISO/IEC 17025 audits at regularly scheduled intervals.
9. The laboratory must resolve all assessment nonconformities 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 60 days of the date of issuance of applicable 2nd party and/or AASHTO re:source final reports.
10. The laboratory must participate in the appropriate AASHTO re:source and CCRL proficiency sample programs that include the specific tests for which the laboratory is accredited.
11. 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 AASHTO re:source.
12. 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. Partial year fees are billed at the time of revocation or withdrawal of accreditation.

By entering my name, I certify that I have read and agree to comply with items 1 through 12 listed above:

Signature of Technical Director:		Date:	

Summary of Documents That Are Required to Be Included Along with This Form

- The biographical sketch for the Technical Manager
- The organizational chart showing personnel names, titles, and lines of authority
- A completed **Multi-Site or Off-Site Personnel Form** (if applicable)
- Documentation from the Secretary of State for the state in which your laboratory operates for the registered company name and any trade or fictitious name (if applicable)
- 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 (if applicable)