



AASHTO
ACCREDITATION
PROGRAM

AASHTO ACCREDITATION PROGRAM (AAP)

Initial Accreditation Review Form

This form is to be completed by laboratories requesting AASHTO Accreditation for the first time. Once completed, the form shall be submitted through the Accreditation Events system along with all relevant attachments. If personnel qualifications were not reviewed during the assessment or the assessment has yet to take place, please complete the supplement at the end of this form.

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@ashtoresource.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

Please enter the legal name of your company as recognized by the Secretary of State for the state in which your laboratory exists.

Laboratory Name:	
------------------	--

Please attach a copy of the Secretary of State-issued business registration for the state in which the laboratory operates along with any registrations of trade names or fictitious names in which your laboratory operates.

Step 3. Laboratory Location (City, State, Country):

If your laboratory is no longer in the same location as the one listed on the AASHTO re:source website, please complete the **Laboratory Relocation Form**.

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 / 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 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, 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**.

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 discontinue advertising references to AASHTO 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) at regularly scheduled intervals.

10. The laboratory must resolve all on-site assessment 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.
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. 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 13 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)
- The Secretary of State-issued business registration and that of any trade of fictitious name in which your laboratory operates (if applicable)
- A letter of explanation about any significant staffing changes, shared equipment, or contracting situations (if applicable)
- The completed supplement at the end of this form along with supporting documentation (if applicable)
- Certifications for staff identified in the supplement at the end of this form (if applicable)
- If identifying a manager as technician level personnel, evidence of management acting in this capacity such as multiple test records showing the identified management as the testing technician who performed tests that are included in the proposed scope of the laboratory's accreditation (if applicable)

Supplement to Initial Accreditation Review Form

Personnel Qualification Review

Laboratory Supervisor(s)/Supervising Laboratory Technician:

The Laboratory Supervisor performs testing on a regular basis and provides supervision to newer or less experienced laboratory technicians. This person may have other duties and responsibilities within the laboratory as well. Completing this section and submitting copies of valid certifications along with the laboratory's detailed organization chart is required for maintaining accreditation for ASTM C1077, D3740, D3666, and E329.

Name:			
Position Title:		Years of Experience:	
Email Address:		Phone Number:	
Scope of Supervision:			

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

If this person supervises staff over multiple locations or is not exclusively stationed at this location, please complete and submit a copy of submit the **Multi-Site or Off-Site Personnel Form**.

Name:			
Position Title:		Years of Experience:	
Email Address:		Phone Number:	
Scope of Supervision:			

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

If this person supervises staff over multiple locations or is not exclusively stationed at this location, please complete and submit a copy of submit the **Multi-Site or Off-Site Personnel Form**.

Laboratory Testing Technician(s):

Completing this section and submitting copies of valid certifications along with the laboratory's detailed organization chart is required for maintaining accreditation for ASTM C1077, D3740, D3666, and E329.

Name:			
Scope of Testing:		Years of Experience:	

Name:			
Scope of Testing:		Years of Experience:	

Name:			
Scope of Testing:		Years of Experience:	

Name:			
Scope of Testing:		Years of Experience:	

Name:			
Scope of Testing:		Years of Experience:	

Name:			
Scope of Testing:		Years of Experience:	

Field Supervisor(s)/Supervising Field Technician(s):

The Supervising Field Technician performs field testing on a regular basis and provides supervision to newer or less experienced field technicians. This person may have other duties and responsibilities within the laboratory as well. Completing this section and submitting copies of valid certifications along with the laboratory's detailed organization chart is required for maintaining accreditation for ASTM C1077, D3740, D3666, and E329.

Name:			
Position Title:		Years of Experience:	
Email Address:		Phone Number:	
Scope of Supervision:			

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

If this person supervises staff over multiple locations or is not exclusively stationed at this location, please complete and submit a copy of submit the **Multi-Site or Off-Site Personnel Form**.

Name:			
Position Title:		Years of Experience:	
Email Address:		Phone Number:	
Scope of Supervision:			

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

If this person supervises staff over multiple locations or is not exclusively stationed at this location, please complete and submit a copy of submit the **Multi-Site or Off-Site Personnel Form**.

Field Technician(s):

The Field Technician(s) performs field testing on a regular basis and provides supervision to newer or less experienced field technicians. This person may have other duties and responsibilities within the laboratory as well. Completing this section and submitting copies of valid certifications along with the laboratory's detailed organization chart is required for maintaining accreditation for ASTM C1077, D3740, D3666, and E329.

Name:			
Scope of Testing:		Years of Experience:	

Name:			
Scope of Testing:		Years of Experience:	

Name:			
Scope of Testing:		Years of Experience:	

Name:			
Scope of Testing:		Years of Experience:	

Name:			
Scope of Testing:		Years of Experience:	

Name:			
Scope of Testing:		Years of Experience:	