

AASHTO ACCREDITATION PROGRAM (AAP)

Multi-Site or Off-Site Personnel Form



This form is to be completed by laboratories when staff members are not exclusively stationed at one laboratory location.

The form shall be completed by the Technical Director and shall be signed by this person as well as by all staff described as having a multi-site situation. Please be aware that typed names will not be accepted in lieu of actual digital or hand-written signatures. The form shall be submitted along with relevant documents to the Quality Analyst assigned to the accreditation activity or to the general AAP mailbox at aap@ashtoresource.org.

Page 1 (this page) needs to be filled out for each applicable staff member. Page 2 needs to be filled out for each location, for each applicable staff member. If the information that the laboratory would like to share doesn't fit on these pages, the laboratory may also submit the information solicited by these pages on its own documents.

Step 1. Identify the name and position title(s) of the multi-site staff member:

Name:		
Position Title (Note 1):		
Positions Held for Accredited Testing Services – Select All That Apply (Note 2)		
Laboratory Testing Services		Field Testing Services
<input type="checkbox"/> Technical Director / Manager	<input type="checkbox"/>	Technical Director / Manager
<input type="checkbox"/> Supervisor	<input type="checkbox"/>	Supervisor
<input type="checkbox"/> Supervising Technician	<input type="checkbox"/>	Supervising Technician
<input type="checkbox"/> Technician	<input type="checkbox"/>	Technician

Step 2. Describe the multi-site staff member's employment status:

Is the staff member a full-time employee of the company?	
Total hours of employment each week:	
Number of locations:	

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Step 3. Identify the laboratory location, employee duties, time splits, etc.:

Staff Member:					
Laboratory Street Address 1:					
Laboratory Street Address 2:					
City:		State:		Zip Code:	
Please describe the volume of testing associated with this facility (Note 3):					
Time spent on-site at this facility (Note 4):					
Typical travel time to facility:					
Duties performed while on-site at this facility:					
Total time spent on duties associated with this facility (Note 5):					
Duties performed in support of this facility while not on-site (Note 6):					
Description of how the review of final test reports takes place (Note 7):					

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Step 4. Responsibilities

The AASHTO Accreditation Program publishes The AASHTO Accreditation Program Procedures Manual for the Accreditation of Construction Materials Testing Laboratories. 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 as they pertain to this form. By entering your name and submitting this form, you certify that you have read and agree to comply with the items 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 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.

Signature of Technical Director (Note 8):		Date:	
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Step 5. Confirmation

Include the signatures of all parties identified on this form as having multi-site arrangements. By signing this form, each person agrees that all statements made regarding their normal employment schedules and duties on this document are true and that false statements made may result in immediate revocation of AASHTO Accreditation and refusal of service for a time period approved by the AASHTO re:source Administrative Task Group. Refusal to complete or sign the form is grounds for revocation of AASHTO Accreditation.

Name of Multi-site Staff Member:			
Signature of Multi-Site Staff Member (Note 8):		Date:	
Name of Multi-site Staff Member:			
Signature of Multi-Site Staff Member (Note 8):		Date:	
Name of Multi-site Staff Member:			
Signature of Multi-Site Staff Member (Note 8):		Date:	
Name of Multi-site Staff Member:			
Signature of Multi-Site Staff Member (Note 8):		Date:	

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Note 1: The position title is the name of person's position as titled by your company.

Note 2: The position titles listed in this section are for roles defined in the AAP Procedures Manual or other Quality Management System standards included in our accreditation program. The titles may or may not be the same as the position title(s) assigned by your company to an employee.

Note 3: This item is regarding the overall volume of the testing services of the facility itself, which may or may not always entail the staff member's personal involvement. The response can be given in terms of number of tests, number of projects, amount of time in operation per month, etc. As an example, facilities that are only conducting a combined total of twenty field and laboratory tests per month will be given different consideration than ones that are performing hundreds of tests each month. Statements provided here should describe typical volumes of testing. Deviations from what is typical also need to be noted and described.

Note 4: The time spent can be given in terms of numbers of hours per day, days per week, and/or days per month. Statements provided here should describe typical workloads. Deviations from what is typical also need to be noted and described.

Note 5: The time spent here can also be given in terms of numbers of hours per day, days per week, or days per month, or as percentages thereof (for example, 10 – 15 percent of my week"). This is an approximation of the total amount of time spent on duties associated with this laboratory regardless of whether the time is spent on-site. Statements provided here should describe typical workloads. Deviations from what is typical also need to be noted and described.

Note 6: This section should also explain how the duties detailed here are effectively carried out in support of the facility even while not on-site

Note 7: This section can be left blank if the staff member is not in a managerial or supervisory role.

Note 8: A typed name will not be accepted in lieu of an actual digital or hand-written signature.