

AASHTO ACCREDITATION PROGRAM (AAP)

Multisite Personnel Form



Introduction

This form is to be completed by laboratories when staff members are not exclusively stationed at one location. Explanatory endnotes are cited throughout the document wherever you see a bold **Note** in parentheses.

The form shall be completed by the staff member described as having a multisite situation and shall be signed by the Technical Director. Please be aware that typed names will not be accepted in lieu of actual digital or hand-written signatures.

A separate copy of this form shall be filled out by each applicable staff member. In completing the form, the staff member will need to complete multiple iterations of Steps 3 and 4 to match the number of locations for that staff member. If the information that the laboratory would like to share does not fit on these pages, the laboratory may also submit additional information on its own documents.

The completed form and supporting documents shall be submitted to the applicable accreditation event, or, if not connected with an accreditation event, to the Quality Analyst assigned to the laboratory. If neither of these apply, the laboratory may also submit the documentation to the general AAP mailbox at aap@ashtoresource.org.

Step 1. Identify the name and position title(s) of the multisite 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
Technical Director / Manager	Technical Director / Manager
Supervisor	Supervisor
Supervising Technician	Supervising Technician
Technician	Technician

Step 2. Describe the multisite 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 (Note 3):	

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Step 3.a. Provide information about the first location and describe the volume of testing:

Company Name:				
Account Number (if registered with us):				
Street Address:				
City:		State:		Zip Code:
Describe the typical volume of field and laboratory testing services associated with this facility (Note 4):				

Step 4.a. Describe the employee's time and activities related with this location:

1. Typical travel time to facility from place of residence:					
2.a. Total time spent on duties associated with this facility whether on-site or off-site (Note 5):		hours	per		week
		days			month
2.b. Duties performed in support of this facility whether on-site or off-site (Note 6):					
3.a. Time spent on-site at this facility (Note 7):		hours	per		week
		days			month
3.b. Any additional, unique duties performed in support of this facility while on-site:					

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Step 3.b. Provide information about the second location and describe the volume of testing:

Company Name:					
Account Number (if registered with us):					
Street Address:					
City:		State:		Zip Code:	
Describe the typical volume of field and laboratory testing services associated with this facility (Note 4):					

Step 4.b. Describe the employee's time and activities related with this location:

1. Typical travel time to facility from place of residence:					
2.a. Total time spent on duties associated with this facility whether on-site or off-site (Note 5):		hours	per		week
		days			month
2.b. Duties performed in support of this facility whether on-site or off-site (Note 6):					
3.a. Time spent on-site at this facility (Note 7):		hours	per		week
		days			month
3.b. Any additional, unique duties performed in support of this facility while on-site:					

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Step 3.c. Provide information about the third location and describe the volume of testing:

Company Name:				
Account Number (if registered with us):				
Street Address:				
City:		State:		Zip Code:
Describe the typical volume of field and laboratory testing services associated with this facility (Note 4):				

Step 4.c. Describe the employee’s time and activities related with this location:

1. Typical travel time to facility from place of residence:					
2.a. Total time spent on duties associated with this facility whether on-site or off-site (Note 5):		hours	per		week
		days			month
2.b. Duties performed in support of this facility whether on-site or off-site (Note 6):					
3.a. Time spent on-site at this facility (Note 7):		hours	per		week
		days			month
3.b. Any additional, unique duties performed in support of this facility while on-site:					

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Step 3.d. Provide information about the fourth location and describe the volume of testing:

Company Name:				
Account Number (if registered with us):				
Street Address:				
City:		State:		Zip Code:
Describe the typical volume of field and laboratory testing services associated with this facility (Note 4):				

Step 4.d. Describe the employee's time and activities related with this location:

1. Typical travel time to facility from place of residence:					
2.a. Total time spent on duties associated with this facility whether on-site or off-site (Note 5):		hours	per		week
		days			month
2.b. Duties performed in support of this facility whether on-site or off-site (Note 6):					
3.a. Time spent on-site at this facility (Note 7):		hours	per		week
		days			month
3.b. Any additional, unique duties performed in support of this facility while on-site:					

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Step 5. Organizational Charts

Submit the organizational charts for all locations (**Note 8**).

Step 6. Signature for the Multisite Staff Member

Include the signature of the staff member identified on this form as having multisite arrangements. By signing this form, the person agrees that all statements made regarding 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 Multisite Staff Member:			
Signature of Multisite Staff Member (Note 9):		Date:	

Step 7. Technical Director Confirmation

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 multisite arrangement described on this form is accurate to the best of my knowledge.
2. The laboratory must conform with the requirements of AASHTO R 18 and the AASHTO Accreditation Program (AAP) Procedures Manual at all times.
3. 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.

Name of Technical Director:			
Signature of Technical Director (Note 9):		Date:	

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Endnotes

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

Note 2: The position titles listed in this section are for roles defined in The AASHTO Accreditation Program Procedures Manual for the Accreditation of Construction Materials Testing Laboratories 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: If the person works out of two locations, pages two and three need to be filled out, and pages four and five can be left blank. If the person works out of three locations, pages two, three, and four need to be filled out, etc.

Note 4: 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.

Note 5: The total time spent on duties associated with this laboratory can be given in terms of number of hours or days per week or month. 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 or remotely from another location. Statements provided here should describe typical workloads.

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

Note 7: The time spent on-site can be given in terms of number of hours or days per week or month. Statements provided here should describe typical workloads. If the person seeking approval is the Technical Director / Manager, on-site visits to the laboratory will need to occur at a minimum frequency of one day per month.

Note 8: The charts shall be current and include the names and position titles for all staff involved in the field and laboratory testing services for each location. The organizational charts shall also include lines of authority between personnel and organizational components, and the lines of authority shall show the hierarchical relationships that exist between staff. The laboratories might also have separate lists of technical staff that are referenced on the organizational charts. This could be advantageous in a situation such as when a 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.

Note 9: A typed name will not be accepted in lieu of an actual digital or hand-written signature. Digitally signing the form in Step 7 renders the form uneditable. If additional edits need to be made after the Technical Director has signed, right-click the signature and select "Clear Signature" from the list of options. This ensures that the signature of the Technical Director is the final step taken by the laboratory when completing the form.