

## AASHTO ACCREDITATION PROGRAM (AAP)



### ***Request for Extension of Accreditation to a Temporary Facility Form***

This form is to be completed by laboratories that are interested in extending accreditation from a main facility to a temporary project-specific facility for up to 12 months.

Once completed, the form should be emailed along with all relevant attachments to the general AASHTO Accreditation Program (AAP) mailbox at [aap@ashtoresource.org](mailto:aap@ashtoresource.org). Once the form and all supporting documentation have been reviewed by the AAP Manager, the laboratory will be notified on whether it is eligible to proceed with the process or if the laboratory will be required to go through the full accreditation process as is described in Section 4 of the Procedures Manual for the Accreditation of Construction Materials Testing Laboratories.

If the laboratory is eligible to extend its accreditation to a temporary facility, it will be required to submit all documentation outlined in Section 2 of the AASHTO Accreditation Program Procedures Manual for the Accreditation of Construction Materials Testing Laboratories to the Quality Analyst assigned to perform the review.

#### **Step 1. Laboratory Name**

Enter in the name of the main facility that is AASHTO accredited for the testing being conducted at the temporary facility.

Laboratory Name:

#### **Step 2. Main Facility Location**

Enter in the current location of the main facility that is AASHTO accredited for the testing being conducted at the temporary facility.

Street Address 1:

Street Address 2:

City:

Country:

State:

Zip code:

#### **Step 3. Temporary Facility Location**

Enter in the location of the temporary facility the laboratory is seeking an extension of accreditation for.

Street Address 1:

Street Address 2:

City:

Country:

State:

Zip code:



**Step 4. Management**

Please identify the technical director or Manager of Inspection / Testing Services that will have technical oversight of the temporary facility.

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:

**Step 5. Quality Management System Standards**

Please select each accredited Quality Management System standard you would like to extend to the temporary facility. The main facility must have accreditation for the quality management system standards you wish to extend to the temporary facility.

C1077 (Aggregate)	C1077 (Concrete)	C1093 (Masonry)	C1222 (Cement)
D3666 (Aggregate)	D3666 (Asphalt Binder)	D3666 (Asphalt Mixture)	D3666 (Emulsified Asphalt)
D3740 (Soil)	E329 (Aggregate)	E329 (Asphalt Binder)	E329 (Asphalt Mixture)
E329 (Concrete)	E329 (Emulsified Asphalt)	E329 (Masonry)	E329 (Soil)
E329 (SFRM)	E329 (Steel Inspection)		

**Step 6. Test Methods**

Please enter in each accredited test methods you would like to extend to the temporary facility. The main facility must have accreditation for the test methods you wish to extend to the temporary facility. If you would like to extend accreditation of all test methods, please enter "all" next to the applicable scope of testing.

Aggregate:

Asphalt Binder:

Asphalt Mixture:

Cement- Physical Tests:

Cementitious Material – Chemical Tests:



Concrete:

Emulsified Asphalt:

Iron and Steel:

Masonry:

Pavement Preservation:

Pozzolan:

Rock:

Soil:

Sprayed Fire-Resistive Material:

### **Step 6. Organizational Chart for the Temporary Facility**

Please attach a copy of the temporary facility's organizational chart along with this form. Be sure that it is current and includes the names and positions of all technical operational personnel that will be working at the temporary facility.

### **Step 7. Project Contract**

Please attach a copy of the project contract. The contract should include confirmation that the contract is no longer than 12 months.

### **Step 8. Miscellaneous Issues**

If there are any shared staffing, shared equipment, contracting situations, or other situations which you feel may be unique to your situation, please attach an explanation of these situations with this form.

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

- Information about the Manager of Inspection / Testing Services such as years of experience, title, contact information, and professional engineer's license details (if applicable).
- A copy of the temporary facility's organizational chart including the names and positions of all technical operational staff
- Project contract
- A letter of explanation about any shared staffing, shared equipment, contracting situations, or other situations which you feel may be unique to your situation/laboratory.



**Supplement to Request for Extension of Accreditation to a Temporary Facility 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 extending accreditation to the temporary facility for C1077, D3740, D3666, and E329.*

<b>Name:</b>		
<b>Scope of Testing:</b>		<b>Years of Experience:</b>
<b>Name:</b>		
<b>Scope of Testing:</b>		<b>Years of Experience:</b>

**Laboratory Testing Technician(s):** *Completing this section and submitting copies of valid certifications along with the laboratory's detailed organization chart is required for extending accreditation to the temporary facility for C1077, D3740, D3666, and E329.*

<b>Name:</b>		
<b>Scope of Testing:</b>		<b>Years of Experience:</b>
<b>Name:</b>		
<b>Scope of Testing:</b>		<b>Years of Experience:</b>
<b>Name:</b>		
<b>Scope of Testing:</b>		<b>Years of Experience:</b>
<b>Name:</b>		
<b>Scope of Testing:</b>		<b>Years of Experience:</b>
<b>Name:</b>		
<b>Scope of Testing:</b>		<b>Years of Experience:</b>

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

- Certifications for the people identified on the form
- If identifying management as technician level personnel, evidence of management acting solely in this capacity such as multiple testing records showing the identified management as the testing technician who performed tests that are included in the proposed scope of the laboratory's accreditation.