



Application for TNI Laboratory Accreditation

TNI Laboratory Accreditation Program • P.O. Box
1677 Oklahoma City, OK 73101-1677
(405) 702-1000

National TNI Laboratory Accreditation [\(OAC 252:307\)](#)

Select Applicable
Accreditations:
(Each Accreditation Billed Separately)

☐ Drinking Water

☐ General Environmental

A. Name of Laboratory or Facility: _____

Telephone with Area Code

Alternate Telephone with Area Code

B. Primary Contact Person & Email for the Laboratory's Accreditation:

Name	Email	Title
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C. Location: (Street Address)

Address County	City	State	Zip
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D. Mailing Address: (if different than above, i.e., P.O. Box) ☐ Same as Street Address

Address	City	County	State	Zip
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E. Invoicing/Billing Address: (if different than above, i.e., P.O. Box) ☐ Same as Mailing Address

Address	City	State	Zip
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F. General Information: EPA Laboratory Identification Number: _____

Latitude: _____ Longitude: _____

Website: _____

G. The following documents must accompany this application in order to be accepted:

1. The most recent revision of the Quality Manual Initials: _____
2. The most recent revision of all SOPs revised since last application. Initials: _____
3. Field of Testing Application spreadsheet – or ☐ Renewal Only (no changes) Initials: _____
 Available online.
[Drinking Water Application FOT Spreadsheet](#) and/or
[General Water Quality Application FOT Spreadsheet](#)
4. Equipment list for sample analysis, storage, and reporting. Initials: _____
 (See OAC 252:307-3-3 for more information)
5. Statement of personnel qualifications that meet TNI requirements. Initials: _____
 (See OAC 252:307-3-3 (5) for more information)
6. Current Scope and Certificate from Primary Accreditation Body. Initials: _____
 (Only applies to secondary accreditation)

Laboratory Type: (check one) ☐ Commercial ☐ Industrial ☐ Municipal

H. Additional Contact Information

Name	Phone Number	Email

- I. Has any person with a current financial interest in the laboratory previously held a financial interest in a different laboratory that has applied for accreditation to this program?

☐ Yes ☐ No

If yes, please list all such individuals, their role within this laboratory, and the name of the previous laboratory(ies). Attach additional pages if necessary.

Name	Current Role	Previous Laboratory or Laboratories

J. Conditions of Accreditation:

The applicant understands and acknowledges that the laboratory is required to be continually in compliance with the Oklahoma Department of Environmental Quality (OK DEQ) standards and is subject to the enforcement and penalty provisions of that accreditation body. The applicant agrees to:

- Inform OK DEQ Laboratory Accreditation Program (LAP) within 30 days and in writing of changes or pending changes in any aspect of the laboratory's status or operation that affects the organization or management (e.g., managerial staff); policies or procedures; and where appropriate: premises, personnel, equipment, facilities, working environment, authorized signatories; or such other matters that may affect the laboratory's capability, or scope of accredited activities, or compliance with the criteria and requirements for accreditation under Chapter 307, National TNI Laboratory Accreditation.
- Afford accommodation and cooperation as is necessary to enable OK DEQ LAP to verify compliance with the requirements for accreditation including provision for examination of documentation (including the submission of all requested pre-assessment documentation) and access to all calibration and testing areas, equipment, records and personnel (including arrangements for witnessing accredited activities when requested and practicable) for the purposes of assessment, surveillance, reassessment, resolution of complaints, and fulfillment of accreditation requirements;
- Retain all quality records and technical records supporting reported results as defined under Chapter 307, National TNI Laboratory Accreditation. Please bear in mind that adequate records must be available to demonstrate full compliance with the requirements for accreditation;
- Claim that it is accredited only in respect of services for which it has been granted accreditation and which are carried out in accordance with these conditions;
- Pay such fees as shall be determined and defined by OK DEQ;
- Not use its accreditation in such a manner as to bring OK DEQ LAP into disrepute and not make any statement relevant to its accreditation which OK DEQ LAP may consider misleading or unauthorized;
- Upon suspension, withdrawal, or expiration of its accreditation (however determined) discontinue its use of all advertising matter that contains reference to TNI, NELAP, or OK DEQ (including logos).
- Endeavor to ensure that no certificate or report, nor any part thereof, is used in a misleading manner;
- Comply with the requirements of OK DEQ LAP in reference to the laboratory's accreditation status in communication media such as advertising, brochures, websites, etc.

As the applicant Organization's Authorized Representative, I agree to the above conditions for accreditation. I attest that all statements made on this application are correct to the best of my knowledge and belief.

Owner/Responsible Officer's Name

Title

Telephone Number

Extension

Signature (digital is not acceptable)

Date