

## Third-Party Laboratory Assessor Initial Application and Instructions

### MINNESOTA ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM (MNELAP)

This application is valid for persons requesting the Minnesota Department of Health's approval to perform environmental laboratory assessments, for accreditation purposes, under the auspice of MN Statutes 144.98.

When making an application to register as a Third-Party Laboratory Assessor with the Minnesota Department of Health, applicants must complete the following forms:

- Registration Application for Third-Party Laboratory Assessor.
- Applicant Curriculum Vitae.
- Signed Affidavit.
- Certificate of Compliance Minnesota Worker's Compensation Law.
- Certificate of Compliance Department of Revenue Information.
- Data Practices Checklist for Contractors (supplied separately).
- Code of Conduct (ELAP-F-07) (supplied separately).
- Organization's Standard Operating Procedure for handling complaints.
- Other Optional Materials, please attach materials.

**Other than through entry of the required information in the spaces provided, the applicant shall not alter the content or format of the forms.** If additional space is required for the response, the applicant must attach separate documents with appropriate page numbering and identification. Where attachments are necessary, the applicant must indicate on the form, the attachment's unique identifier and where the reviewer may find the required information.

MNELAP will protect all confidential information per MN Statute Chapter 13, Government Data Practices.

## Submitting the Application

The application must be submitted by electronic mail and in PDF format. Please separate the application material into three PDFs and name as follows:

Registration Application named as:

- LastnameFirstnameAPPL
  - (e.g., SmithJohnAPPL)

Confidential Information (i.e., Certificate of Compliance Minnesota Worker's Compensation Law, Certificate of Compliance Department of Revenue Information, and Data Practices Checklist for Contractors) named as:

- LastnameFirstnameCONF
  - (e.g., SmithJohnCONF)

Supporting Documentation (e.g., certificates, diplomas, transcripts, vitae) named as:

- LastnameFirstnameDOCS
  - (e.g. SmithJohnDOCS)

The applicant must submit the application in the proper format. Materials submitted become the property of the State of Minnesota.

**No fees are required with this application.**

Approval is contingent upon conformance with the conditions of application and approval by the Minnesota Department of Health. Applicant information must be updated annually or upon notification by the Department or within thirty days of the date the change is effective.

Applicants shall submit the completed application packet to the MN Environmental Laboratory Accreditation Program, [health.mnelap@state.mn.us](mailto:health.mnelap@state.mn.us), **by 5:00 pm (CST) October 15, 2024.**

## Review and Approval

The MNELAP staff will conduct the Phase I review of all applications. Staff reviews applications for completeness as well as verification of the required forms: Worker’s Compensation, Department of Revenue Release, Data Practices Checklist for Contractors, and the Code of Conduct. If MNELAP has any questions regarding the provided information, they will be forwarded to the applicant for resolution.

After Phase I review, the MNELAP Coordinator and MNELAP staff, will perform a detailed application review and provide recommendations to approve or deny the application. The MNELAP Coordinator will send the application and recommendation to the MNELAP Manager for final decision. Within 90 days of the application close date, MNELAP will notify the applicant of the decision and other requirements by email.

If approved, the Third-Party Laboratory Assessor must take the Initial Assessor Training provided by MNELAP, via Teams, before given access to Environmental Laboratory Data-Online (ELDO).

Once all requirements are met, MNELAP will publish approved Third-Party Laboratory Assessor contact information on the program’s webpage along with their associated technical disciplines qualifications.

## Registration Application

### Approved Environmental Laboratory Assessor

In connection with your request for registration as a Third-Party Laboratory Assessor, the Minnesota Department of Health (MDH) has asked that you provide information about yourself. This information may be classified as private, confidential, nonpublic, or protected

nonpublic under the Minnesota Government Data Practices Act; meaning that this data is not ordinarily available to the public.

Accordingly, the Department is required to provide you with a Tennessee Warning Notice:

The Department will use information provided on an application to determine if you meet the requirements for approval. Specifically, we are requesting your name, address, email, and phone number so that we may contact you for further information. We are requesting details regarding your education and experience (including relevant employment) so that we may determine your conformance to the 2016 TNI EL-V2-2016-Rev 2.0 General Requirements for Accreditation Bodies Accrediting Environmental Laboratories, the [EPA Manual for the Certification of Laboratories Analyzing Drinking Water, Fifth Edition \(PDF\)](#), Section 4.1 and 4.2, [Supplement 1 to the Fifth Edition of the Manual for the Certification of Laboratories Analyzing Drinking Water \(PDF\)](#), and [Minnesota Statute 144.98, Subd. 12](#). You are not legally required to provide any of the requested information. However, without this information, we will be unable to contact you if additional information is required for MNELAP to process your application. We may reject your application if the information is not sufficient to determine your conformance to the requirements cited above. MNELAP will publish your name, email, phone number, and areas of verified expertise on the MNELAP website as public information. All other information you provide, which might identify yourself, is legally classified as confidential data on individuals and can only be released to:

All other information you provide, which might identify yourself, is legally classified as confidential data on individuals and can only be released to:

- Minnesota Department of Health employees, who need it to process your application,
- Minnesota Department of Health representatives in the Attorney General's Office,
- Staff of the Office of Administrative Hearings or the courts; and
- Anyone having a court order to obtain the information.

Submitting false information is grounds for denying your application, rescinding your approval, or taking legal action regarding work you have performed because of your approval by the commissioner.

Minnesota Department of Health  
Minnesota Environmental Laboratory Accreditation Program (MNELAP)  
[health.mnelap@stae.mn.us](mailto:health.mnelap@stae.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

***Third-Party Laboratory Assessor Initial Application and Instructions  
Revised August 2024***

To obtain this information in a different format, call: 651-201-5324.

## Applicant Information

Applicant Name (Last, First, MI) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## Applicant Scientific Education

Bachelors, Major \_\_\_\_\_

Masters, Major \_\_\_\_\_

Doctoral, Major \_\_\_\_\_

Other \_\_\_\_\_

Highest Degree/Major conferred\* \_\_\_\_\_

Year \_\_\_\_\_

Name of College/University \_\_\_\_\_

***\*Attach proof of education (e.g., diploma, transcripts)***

## Assessor Training

### Basic Assessor Training

Course Name\* \_\_\_\_\_

Course Date(s)\* \_\_\_\_\_

Course Instructor\* \_\_\_\_\_

### Refresher Assessor Training

Course Name\* \_\_\_\_\_

Course Date(s)\* \_\_\_\_\_

Course Instructor\* \_\_\_\_\_

***\*Attach proof of successful completion (e.g., certificate)***

THIRD-PARTY LABORATORY ASSESSOR INITIAL APPLICATION AND INSTRUCTIONS

Additional relevant experience or certifications you wish to have considered.

## Demonstrated Technical Competencies and Matrices

### Drinking Water

*(Check all that apply)*

Inorganic Chemistry (non-metals) \*

Metals\*

Organic Chemistry\*

Radiochemistry\*\*

Microbiology\*

Asbestos\*\*

Cryptosporidium\*\*

Other \_\_\_\_\_

### Non-Potable Water

*(Check all that apply)*

Inorganic Chemistry (non-metals) \*\*

Metals\*\*

Organic Chemistry\*\*

Radiochemistry\*\*

Microbiology\*\*

Asbestos\*\*

Whole Effluent Toxicity\*\*

Cryptosporidium\*\*

Other \_\_\_\_\_

### Hazardous Waste/Solids

*(Check all that apply)*

Inorganic Chemistry (non-metals) \*\*

Metals\*\*

Organic Chemistry\*\*

Radiochemistry\*\*

Microbiology\*\*

Other \_\_\_\_\_

### Air & Emissions

*(Check all that apply)*

Inorganic (non-metals) \*\*

Metals\*\*

Organic Chemistry\*\*

### Biological Tissues

*(Check all that apply)*

Metals\*\*

Organic Chemistry\*\*

***\* Must have successfully completed the appropriate EPA Safe Drinking Water Laboratory Certification Course f and had a refresher course within the past five (5) years, if applicable, for the technical competencies selected. Please attach the EPA certificate(s).***

***\*\* Attach proof of technical training (e.g., certificate or other written acknowledgment of completion)***

## Experience in Management Systems/Quality Systems

Qualification requires one (1) observed onsite if you are an experienced assessor or at least two (2) observed onsite assessments if you have no prior assessment experience.

**Please provide in an Excel or Word Table the following:**

1. Date of the assessment(s).
2. The standard or regulation followed.
3. The technical areas assessed by you corresponding to your requested technical competencies.
4. The name and contact information of the supervising qualified assessor(s) observing your assessment(s)\*.

***\*Attach the supervising qualified assessor(s) written conclusion of your abilities as an assessor.***

Attach a vitae detailing laboratory, quality /management system, assessment education and experience or any additional documentation that may help assist in determining eligibility.

## Conditions of Approval

By submitting this application, you agree to:

1. Submit MNELAP required assessment documentation (e.g., checklists, agenda, emails, notes etc.) in PDF format via email to MNELAP **within seven (7) days** of the date of the onsite visit.
2. Submit a report of findings through the Environmental Laboratory Data-Online (ELDO) system **within seven (7) days** of the date of the onsite visit.
3. Review and evaluate the laboratory's corrective action response within seven (7) days of receipt in ELDO.
4. Maintain all assessment records for five (5) years from the close date of the assessment.
5. Contract with the laboratory for direct payment of the assessor(s).
6. Review the laboratory's previous, routine, assessment finding(s) while onsite, and document for repeat findings.
7. Attend EPA Drinking Water Certification Officer Refresher Training course at least every five years from the date of your last certificate for the approved drinking water technical areas.
8. While performing an assessment, review all methods in a drinking water matrix for compliance with the Safe Drinking Water Act.
9. Review and document at least one random data package, per drinking water method, while onsite.
10. Complete and submit a drinking water program specific checklist.
11. Each non-drinking water method that shares identical technologies (ex. EPA 6020 and EPA 200.8), must be assessed while onsite; however, one may be assessed as a focus, and the other may be assessed for method specific requirements.
12. For all methods, a selection of data packages must be reviewed, including at a minimum, review of Proficiency Testing or Demonstration of Capability data if no other compliance data is available.
13. Document all fields of testing reviewed onsite.
14. Participate as requested in MNELAP virtual training sessions.

### Reasons to Rescind Approval

The Department shall rescind approval for a Third-Party Assessment Organization for sufficient cause per MN Statutes 144.98, such as:

1. Failure to meet the minimum qualification requirements for performing assessment.
2. Lack of availability/ inactivity.
3. Nonconformance with the applicable laws, rules, standard, policies, and procedures.
4. Misrepresentation of application information regarding qualifications and training.
5. Excessive cost to perform the assessment activities.



## Minnesota Worker's Compensation Law

### Certificate of Compliance

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The information required is the name of the insurance company, the policy number, and dates of coverage, or the permit to self-insure. This information will be collected by the Department and retained in the files.

This information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Please supply the following information and return along with your application.

Type of License: **Registered Third-Party Laboratory Assessor**

Insurance Company Name (NOT the Agency) \_\_\_\_\_

Policy Number \_\_\_\_\_ Dates of Coverage \_\_\_\_\_

**OR**

I am not required to have worker's compensation liability coverage because:

I have no employees.

I am self-insured (include permit to self-insure).

I have no employees who are covered by the worker's compensation law (these include: spouse, parent, children, and certain farm employees).

I certify that the information provide above is accurate and complete and that valid worker's compensation policy will be always kept in effect as required by law.

Name \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Minnesota Department of Revenue Information

### Certificate of Compliance

Pursuant to Minnesota Statute 270C.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant (person signing the application).

**Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974**, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- Upon receiving this information, the Department will supply it to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
- Failure to supply this information may jeopardize or delay the processing of your application.

Please supply the following information and return along with your application.

#### Personal Information

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

#### Business Information

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Minnesota Tax ID# \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

If a Minnesota Tax ID number is not required, please explain.

The undersigned, by signing this notice, acknowledges that they have read and understood the contents of this notice and has received a copy of this notice.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Affidavit

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the statements regarding the assessment organization qualification, systems, approved assessor list, and supporting documentation provided on the application are just, true, and correct to the best of my knowledge. I understand that application forms and additionally supplied application documentation and materials are considered public data.

I, by signing this statement, acknowledge I have received a copy of the Tennessee Warnings contained within this application and have read and understood the contents.

I acknowledge that I have declared any current or former relationships, associations, or investments that may influence or appear to influence my judgement, discretion, or impartiality with laboratories applying to or accredited by the program. If a conflict of interest is confirmed, I will not knowingly access records of these laboratories for personal gain and will again declare the conflict of interest to the Department if I am assigned duties where a conflict may be perceived to affect my judgement.

I agree to comply with the laws, rules, policies and procedures of the State of Minnesota and the Minnesota Department of Health related to assessment of environmental laboratories and protection of the data obtained while preparing and performing the assessment activities.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

[Notary Stamp]

Notary Public Signature \_\_\_\_\_