**Assured Biosolids Limited**

**Biosolids Assurance Scheme**

**Laboratory Application/Renewal Form**

**Section 1 – Contact details**

|  |  |
| --- | --- |
| Laboratory/Company Name: |  |
| Head Office Address: |  |
| Main contact: |  | Position: |  |
| Telephone Number: |  | Mobile: |  |
| Email Address: |  |
| Laboratory Address (if different from above): |  |

**Section 2 – Analysis methods**

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| *Please tick all methods that you offer (Analysed for) and tick if the method is subject to a proficiency test (PT scheme) and/or is accredited (Accredited method) (see Section 4 for more details).* |
| **Biosolids methods** |
| ***Determinand*** | ***Analysed for*** | ***PT scheme*** | ***Accredited method or reference number*** |
| E.coli |  |  |  |
| Salmonella |  |  |  |
| pH |  |  |  |
| Dry matter |  |  |  |
| Organic matter |  |  |  |
| Nitrogen |  |  |  |
| Phosphorus |  |  |  |
| Arsenic |  |  |  |
| Cadmium |  |  |  |
| Chromium |  |  |  |
| Copper |  |  |  |
| Fluoride |  |  |  |
| Lead |  |  |  |
| Mercury |  |  |  |
| Molybdenum |  |  |  |
| Nickel |  |  |  |
| Selenium |  |  |  |
| Zinc |  |  |  |
| **Soil methods** |
| ***Determinand*** | ***Analysed for*** | ***PT scheme*** | ***Accredited method or reference number*** |
| pH |  |  |  |
| Arsenic |  |  |  |
| Cadmium |  |  |  |
| Chromium |  |  |  |
| Copper |  |  |  |
| Fluoride |  |  |  |
| Lead |  |  |  |
| Mercury |  |  |  |
| Molybdenum |  |  |  |
| Nickel |  |  |  |
| Selenium |  |  |  |
| Zinc |  |  |  |
| Soil extractable P |  |  |  |

**Section 3 – Accreditation details**

|  |  |
| --- | --- |
| ISO 17025 Accrediting body: |  |
| Accreditation number: |  |
| Issue number: |  |
| Issue date: |  |

**Section 4 – Proficiency testing details**

|  |  |
| --- | --- |
| Please provide details of the proficiency testing scheme in which you participate:*Please note: if the method is accredited (as detailed in Section 2), there is no need to provide proficiency testing details* |  |

*Notes: Participation in a recognised proficiency testing scheme is only mandatory from 1st January 2020*

**Section 5 –** **Declaration and Review**

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| By signing this form your laboratory agrees to:* Maintain ISO 17025 accreditation and maintain membership of a proficiency testing scheme where required.
* Inform ABL immediately (within 3 working days):
	+ If their accreditation status changes
	+ If their membership of a proficiency testing scheme changes
	+ Any other change which could determinately affect their ability to reliably and accurately analyse samples
* Having their company name, address and accreditation number published on the BAS website and circulated to interested parties
 |
| Name (Print): |  |
| Signature: |  |
| Position: |  |
| Date: |  |
| By signing this form your laboratory is reaffirming the information previously submitted and the laboratory agrees to:* Maintain ISO 17025 accreditation and maintain membership of a proficiency testing scheme where required.
* Inform ABL immediately (within 3 working days):
	+ If their accreditation status changes
	+ If their membership of a proficiency testing scheme changes
	+ Any other change which could determinately affect their ability to reliably and accurately analyse samples

Having their company name, address and accreditation number published on the BAS website and circulated to interested parties |
| Date reviewed: |  |
| Signature: |  |
| Position: |  |
| Date: |  |