



**ASSOCIATION OF  
NORTH AMERICAN INDEPENDENT LABORATORIES  
FOR  
PROTECTIVE EQUIPMENT TESTING  
APPLICATION FOR ACCREDITATION OF TESTING  
LABORATORIES**

**GENERAL INSTRUCTION**

All questions must be answered. If questions are not applicable, answer by "NA". If the answer is "none", answer by "none" On Yes/No questions, answer by "X" in the appropriate blocks. Where space on this application form is insufficient, additional pages keyed to the appropriate question and marked "Supplemental", should be attached to this form.

Please give particular attention to the following sections in filling out the application:

- 1, 2, 3      If there are two or more branches, enter name, address, telephone number, and contact person of main laboratory; list name, address, telephone number, and contact person for each branch in an added keyed supplement.
  
- 4            Under "Other", if University, Foundation, Trade Association, etc., give name of laboratory if an integral part of the parent organization: if a wholly-owned subsidiary, give also the name and address of the parent organization.
  
- 5 (b)        If you have no testing experience in one or more of the products applied for, attach a brief keyed statement of basis for qualification for testing.
  
- 6            An accreditation fee shall accompany this application. If there is more than one location, please note "exception".
  
- 9            NAIL for PET lists the normally tested products in this section and the corresponding test standards that apply. If you test products not listed, the Accreditation Inspector will assist you if contacted.
  
- 12          Following acceptance of your application, an on-site survey and audit will be scheduled in order to obtain information only obtainable by such a visit. The subject of this question may be more fully explored at that time.

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**I. Specific Information:**

Date: \_\_\_\_\_

1. Name of Laboratory:
2. Address - Laboratory Location  
 Address 1:  
 Address 2:  
 City, ST, ZIP:
3. Contact Person and Means of Contact  
 Contact:  
 Phone Number:  
 FAX Number:  
 email:

4. Type of Ownership (Identify by "X")

- Proprietorship: (Name of Proprietor)
- Partnership: (Name of Partnership)
- Corporation: (Name of Corporation)
- Other: (Describe)

5. Testing Experience

- a) Total number of years in testing field \_\_\_\_\_ Years
- b) Years for each product being applied for:

Products	Fixed Location(Years)	Mobile (Years )
	_____ years	_____ years
	_____ years	_____ years
	_____ years	_____ years
	_____ years	_____ years
	_____ years	_____ years
	_____ years	_____ years
	_____ years	_____ years
	_____ years	_____ years
	_____ years	_____ years
	_____ years	_____ years
	_____ years	_____ years
	_____ years	_____ years
	_____ years	_____ years
	_____ years	_____ years
	_____ years	_____ years

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\_\_\_\_\_ years  
\_\_\_\_\_ years

\_\_\_\_\_ years  
\_\_\_\_\_ years

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6. The following fee schedule (U.S dollars) shall apply to both member and nonmember laboratories, whether operated as a fixed or mobile laboratory. Mobile test units, operated out of and as part of a fixed laboratory, shall be considered part of the fixed laboratory:

<input type="checkbox"/> Member, First Time Accreditation for 2 years	\$2,800.00
<input type="checkbox"/> Nonmember, First Time Accreditation for 2 years	\$3,300.00
<input type="checkbox"/> Member, First Time Reaccreditation for 2 years	\$2,400.00
<input type="checkbox"/> Nonmember, First Time Reaccreditation for 2 years	\$2,900.00
<input type="checkbox"/> Member, 2nd Time Reaccreditation for 3 years	\$2,400.00
<input type="checkbox"/> Nonmember, 2nd Time Reaccreditation for 3 years	\$2,900.00

*Exception: Accreditation or reaccreditation of a sub-location of an existing corporation (including a corporation whose stock is owned by another corporate entity), partnership, or sole-proprietorship, would be on the basis of seventy-five percent (75%) of the applicable fee for the parent laboratory. This exception is providing the inspection visits may be handled in one trip. If the expense of the inspection of the total facilities is in excess of the collected fee, the applicant shall be billed the actual expense but not in excess of the listed fees for separate facilities. The sub-location shall have the same accreditation time period as the parent location (approval periods to run concurrently).*

7. Do you maintain a master file of relevant test standards?  Yes  No
8. Do you maintain receiving, handling, and shipping controls for products submitted for testing?  Yes  No
9. Test Standards and Test Procedures

- (a) The test standards to be used for the products below shall be as follows:

Gloves	D120	F496
Sleeves	D1051	F496
Blankets	D1048	F479
Line Hose	D1050	F478
Rubber Insulating Covers	D1049	F478
Rubber Insulating Matting	D178	
Hot Sticks and Hot Line Tools	F711, F1825, F1826	
Insulating Plastic Guards	F712	
Insulating Aerial Devices and Liners	ANSI - A92.2	
In-Service Live Line Tools	IEEE - 978	
Insulating Hard Hats	ANSI - Z89.1	
Insulating (Rubber and PVC) Shielding	F1742 (PVC) F2320(Rubber)	
Insulating Hand Tools	F1505	
Portable Grounding Jumpers	F2249	F855
Insulated Temporary By-Pass Jumpers	F2321	

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- (b) Do you have test procedures based on the above test standards?  
 Yes  No
10. Do you have appropriate test equipment available?  Yes  No
11. Calibration Program
- (a) Do you maintain a system of calibration equipment, standards & procedures?  
 Yes  No
- (b) Indicate standards to which your calibration standards are traceable.
- National Institute of Standards and Technology (N.I.S.T.), formerly the National Bureau of Standards (N.B. S.).
- Other:  
Organization:  
Address 1:  
Address 2:  
City, ST, ZIP:
12. Affiliation
- (a) The laboratory ( is  is not) owned or controlled by a parent company or organization.
- (b) If owned or controlled by others, enter the name and main office address of the parent company or organization and list all other affiliated member companies.
13. Responsible Personnel for Test Reports and Correspondence  
Name, title, and signature of individuals professionally competent and responsible for quality and accuracy of work and authorized to approve test reports:
- |             |             |
|-------------|-------------|
| (Name)      | (Name)      |
| (Title)     | (Title)     |
| (Signature) | (Signature) |

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14. If the laboratory has previously been evaluated or accredited by other organizations, please name up to three previous accreditations: state whether accreditation has ever been denied or revoked: and what steps have been taken to correct the cause of any denial or revocation.

15. Within the five years preceding this application, has the laboratory been involved in any litigation regarding:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (a) Its procedures?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Its test results?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Its conclusions from test results?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Alleged improper use of test results? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

16. General Comments: If the laboratory wishes to submit any additional information relative to its application for accreditation, enter this information on a separate sheet marked "supplemental 16".

**II. Supplemental Information:**

Application information specified below must accompany the completed application. Enter an "X" in the appropriate blocks for items attached.

- 1. Organization Chart: The organization chart must show, as a minimum, names and titles of key personnel and the relationships between administration, operation, and quality control including departmentalization. [See NAIL Accreditation Criteria I (h) (iv)].
- 2. Resumes: A resume is required for each of the key personnel named in the organization chart to show that their qualifications satisfy NAIL Accreditation Criteria 10)
- 3. Test Equipment List: A list is required showing the available appropriate test equipment that will be used for subject or related products testing.
- 4. Financial Information: Provide a list of bank and credit references.

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The undersigned certifies that all the statements made in this application, and supplementals thereto, are true to the best of his knowledge and belief, and hereby grants permission for the Association of North American Independent Laboratories for Protective Equipment Testing to contact any persons relative to statements made herein.

If granted accreditation, (Name of Laboratory) agrees to comply with the applicable procedures of the NAIL for PET Laboratory Accreditation Program.

Date:

Signature:

Title:

{ Authorized Representative of Applicant }

The completed application form, including applicable fee, should be submitted to:  
Assn. of North American Independent Laboratories for Protective Equipment Testing  
C/o Skarshaug Testing Laboratory, Inc.  
505 South Bell Avenue  
Ames, IA 50010  
USA

*Note: Accreditation approval shall be given or denied by the Board of Directors of NAIL for PET after review of a report submitted by the Accreditation Inspector along with the supporting documentation. If the inspector obtains any proprietary information, it shall remain confidential to the inspector unless released to the NAIL Board of Directors by the applicant. The applicant will be informed in writing of the action of the Board*