

**Association of North American Independent Laboratories
For Protective Equipment Testing**



**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 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

Name:

Phone Number:

FAX Number:

Email:

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

Proprietorship (List Owners)

Partnership (List Partners)

Corporation (List Names)

Other (Explain)

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6. The following fee schedule (U.S dollars) applies to all labs. Any mobile lab inspections shall be inspected at the same time and given the same expiration date as the fixed laboratory. Mobile test units have an additional fee as noted below.

Mobile labs without a corresponding physical lab must meet the same criteria as a physical lab (minimum 8 product categories). Mobile labs together with a physical lab need not meet the 8 product category requirement.

Mobile labs are required to be on the property of the physical lab at the time of inspection. If the mobile lab is not on-site, and the inspector has to travel to another location an additional inspector fee of \$200 per hour will be due, and must be paid before the accreditation certificate is issued. If the mobile lab is not present then an alternate time will be scheduled for the inspection and will be billed at the Stand-alone Mobile Lab rate

Note: Non-North America Labs will have a customized fee structure, and will be discussed between lab operator and the NAIL Board of Directors.

Physical Lab, First Time Accreditation for 2 years	\$4,450.00	<input type="checkbox"/>
Physical Lab, First Time Reaccreditation for 2 years	\$3,550.00	<input type="checkbox"/>
Physical Lab, 2nd Time Reaccreditation for 3 years	\$3,550.00	<input type="checkbox"/>
Stand-alone Mobile Lab, First Time Accreditation for 2 years	\$4,450.00	<input type="checkbox"/>
Stand-alone Mobile Lab, First Time Reaccreditation for 2 years	\$3,550.00	<input type="checkbox"/>
Stand-alone Mobile Lab, 2nd Time Reaccreditation for 3 years	\$3,550.00	<input type="checkbox"/>
Additional Mobile Lab, with Physical Lab (each)	\$500.00	<input type="checkbox"/> How many?

TOTAL DUE \$

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

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9. Test Standards and Test Procedures

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

Gloves	ASTM D120	ASTM F496		
Sleeves	ASTM D120	ASTM F496		
Blankets	ASTM D1051	ASTM F479		
Line Hose	ASTM D1048	ASTM F478		
Rubber Insulating Covers	ASTM D1048	ASTM F478		
Rubber Insulating Matting	ASTM D178			
Hot Sticks & Hot Line Tools	ASTM F711	ASTM F1825	ASTM F1826	ASTM F3121
	OSHA 1910.269(j)	IEEE 978		
Insulating Plastic Guards	ASTM F712			
Insulating Aerial Devices and Liners	ANSI A92.2			
Insulating Hard Hats	ANSI Z89.1			
Insulating (Rubber & PVC) Shielding	ASTM F1742 (PVC)	ASTM F2320 (Rubber)		
Insulating Hand Tools	ASTM F1505			
Portable Grounding Jumpers	ASTM F2249	ASTM F855		
Insulated Temporary By-Pass Jumpers	ASTM F2321			
Visual Inspection of Rubber Products	ASTM F1236			
Dielectric Footwear	ASTM F1116			

(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:

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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)

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

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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.

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The undersigned certifies that all the statements made in this application, and supplemental information 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, _____ agrees to comply with the applicable procedures of the NAIL for PET Laboratory Accreditation Program.

Applicant understands and agrees that accreditation means that Applicant follows best practices for a testing laboratory of personal protective equipment established by the Association of North American Independent Laboratories for Protective Equipment Testing, a nonprofit organization (“NAIL4PET”). Accreditation is not a guaranty that Applicant will not be subject to claims arising from its testing, even if NAIL4PET’S procedures are followed.

Accordingly, by signing and submitting this Application, Applicant agrees: NAIL4PET shall not be responsible for any action or failure to act by the Applicant. Applicant agrees to indemnify and hold harmless NAIL4PET and its members, and NAIL4PET’s and its members’ respective officers, directors, employees, agents, assigns, and successors against any claims, demands, or liability related to or arising out of the accreditation process and Applicant’s activities as a testing laboratory for personal protective equipment and violations of any law.

Date:

Signature:

Title:

{Authorized Representative of Applicant}

The completed application form, **including applicable fee from Page 4 (Check payable to NAIL4PET)**, should be submitted to:

Assn. of North American Independent Laboratories for Protective Equipment Testing
C/O PETL Management
919 Adams
Great Bend, KS 67530

For other payment methods, please call Shawndra at 620-792-1717 ext 5541”

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