



Date of Submission: \_\_\_\_\_

# Asbestos Analysts Registry

## FORM 8 – ANALYST TRAINING INFORMATION

Organization Name: \_\_\_\_\_ Organization ID#: \_\_\_\_\_

Organization Contact: \_\_\_\_\_ Organization Contact's Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**INSTRUCTIONS:**

List all analysts affiliated with your organization to be enrolled via this application. Make extra copies of this form as needed.

ANALYST TRAINING INFORMATION				
Analyst Name	Analyst ID # <small>(leave blank if not assigned)</small>	NIOSH 582 or Equivalency Course		Probationary Period <small>(Dates must be submitted for each analyst)</small>
		Training Provider	Course Dates	

**Expedited Application.** If checked the analysts on this form will be expedited through the application approval process and proficiency determination following the procedure outlined in the AAR Policy document. There is an additional fee for this type of enrollment and the fees for a set of retest AAT samples must be included with the application (see the AIHA Registry Programs Fee Schedule).

## FORM 9 - ANALYST QUALITY ASSURANCE REQUIREMENTS

POLICY #	DOCUMENTATION REQUIRED FOR EACH ANALYST	ATTACHMENT (Enter analyst initials)
2.2.2	<b>Technical Training</b> <ul style="list-style-type: none"> <li>• NIOSH 582 or equivalent course certificate</li> <li>• NIOSH 582 or equivalent course outline</li> <li>• Certificate and/or outline must demonstrate contact hours, provider name and date of training.</li> </ul>	TT –
2.2.3 2.3.4.1	<b>Quality System Training</b> <ul style="list-style-type: none"> <li>• Documentation of the analyst's training in the organization's QA/QC program.</li> </ul>	QST –
2.3.7.1.4	<b>Control Chart</b> <ul style="list-style-type: none"> <li>• Control charts or other statistical evaluation of the repeat analysis of the reference slides to determine the UCL and LCL or CV for the slide or fiber loading range.</li> <li>• A minimum of twenty (20) data points shall be used to determine the UCL, LCL or CV</li> </ul>	CC –
2.3.7.1	<b>Reference Slides</b> <ul style="list-style-type: none"> <li>• Documentation that prior to the analysis of samples each day, the analyst counts a randomly selected reference slide from the reference slide library.</li> <li>• The library of reference slides shall contain reference slides which are loaded, minimally, to the three ranges outlined in the current version of the NIOSH 7400 method (5-20 fibers in 100 graticule fields, 20-50 fibers in 100 graticule fields, and &gt;50 fibers in 100 graticule fields).</li> </ul>	RF –
2.3.7.2	<b>Recounts</b> <ul style="list-style-type: none"> <li>• Documentation of the recount analysis of 10% of samples analyzed by the same analyst.</li> <li>• Documentation of the statistical comparison of the recount data to determine the acceptability of the recount.</li> <li>• Example of the statistical comparison used.</li> </ul>	RC –

## FORM 10 - ANALYST ACKNOWLEDGMENT

To be completed by an analyst seeking enrollment and an authorized employee of organization that is enrolling the analyst.

I, \_\_\_\_\_ have read this application for the AAR program, the AAR Policy Document  
(Analyst Name)

and the NIOSH 7400 Method and acknowledge that the analytical practices and equipment described herein, are available and used by me and that the statements made as part of this application are true to the best of my knowledge. I also acknowledge that my AAR analyst ID number is only approved for use with the approved practices and procedures of my affiliated organization

\_\_\_\_\_ including: the QA/QC procedures, the internal record system,  
(Organization Name)

sample handling procedures, and final reporting of results.

Analyst's Printed Name	Organization ID
Signed	Date

I \_\_\_\_\_ certify on behalf of: \_\_\_\_\_  
(Organization Contact) (Name of Organization)

that AAR Policy, Article II, Section 2.2.1 has been read and the analyst being enrolled meets the requirements of affiliation and will be monitored through the quality system of the organization listed above.

Organization Contact's Printed Name	Organization ID
Signed	Date