



Asbestos Analysts Registry

ANALYST APPLICATION REVIEW CHECKLIST

Review Date:	
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Organization Name:	Organization ID:
Analyst Name:	Analyst ID:

APPLICATION APPROVED: **YES** **NO** (see Description of Deficiency below)

Attach. Number	Policy No.	Submission Example Required	Acceptable		Description of Deficiency / Suggestion for Improvement
			Yes	No	
Form 8		Analyst Information (probationary dates for each analyst)			
Form 9		Attachments TT, QST, CC, RF and RC.			
TT	2.2.2	NIOSH 582 or equivalent course certificate			
		NIOSH 582 or equivalent course outline			
QST	2.2.3 2.3.4.1	Documentation of the analyst's training in the organization's QA/QC program.			
CC	2.3.7.1.4	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.			
RF	2.3.7.1	Documentation of the analyst's daily use of reference slides loaded to at least 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 >50 fibers in 100 graticule fields).			
RC	2.3.7.2	Documentation of the recount analysis of 10% of field samples including the determination of the acceptability of the recount.			
		Example of the statistical comparison used to determine acceptability.			
Form 10		Analyst Acknowledgement			

Suggestions (Not required for approval):

Reviewer:	Recommendation Date: