



Asbestos Analysts Registry

APPLICATION

For the Registration of the Organization and its Affiliated Analysts

Effective Date: April 01, 2009

Revision Date: March 16, 2009

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GENERAL APPLICATION INSTRUCTIONS

NOTICE: The AAR application must be returned to the AIHA Registry Programs, LLC within one year of the effective date (see front cover). If more than one year has elapsed, please contact the AIHA Registry Programs, LLC for the most recent version or visit the AIHA Registry Programs, LLC web site to download the current version. (The version on the website will always be the most recent revision of the application.) The application must align with the most recent version of the AAR policies. Out-of-date versions of AAR application will not be accepted and will be returned to your organization.

A. READ ALL INSTRUCTIONS CAREFULLY.

1. A complete and concise application will expedite the AAR listing process.
2. An incomplete application will be returned to the organization.
3. An application received without the appropriate fees will not be processed. Obtain a copy of the current year's AIHA Registry Programs Fee Schedule from the AIHA Registry Programs, LLC website.
4. A complete listing of terms and acronyms is located in the AAR Policy document Article IX, Appendix A.

B. READ THE POLICIES.

The organization must be familiar the AAR Policy document. The AAR reviewer checklists should be used to perform an audit of your system to determine an organization's compliance to the AAR policies prior to submitting the application.

1. The current version of the AAR Policy document is available on the AIHA web site located at: http://www.aiha.org/llc_registry/documents.htm.
2. The AAR policy document contains details of the specific quality system and quality assurance requirements that are unique to the AAR program. The organization must comply with all of the policies prior to initiating the application process. Particular attention should be given to Articles II, III and IV.
3. A description of the AAR listing process for organizations and analysts (with time lines) is included in Article IV of the AAR policies. It is suggested that you become familiar with the processes so that you will know what to expect after you submit the application to AIHA.

C. READ THE NIOSH 7400 METHOD

1. Read the most current version of the NIOSH 7400 method before you complete the AAR Application to ensure that your practices are inline with this method; the requirements for the AAR are based on those outlined in the method.

D. COMPLETE ALL APPROPRIATE FORMS.

1. Legible hand printing is acceptable.
2. The application includes the required forms for both the ORGANIZATION and the ANALYST applications.
3. An initial organization application requires a completed analyst application (Forms 8, 9 and 10) for each analyst (initial or transfer) to be registered with the organization in addition to the organization application forms.
4. Use the analyst application forms 8, 9 and 10 to add, transfer or reinstate an analyst to your organization.
5. International organizations should ensure that all application forms, Quality Manual, and Standard Operating Procedures are submitted in English. Untranslated records may be acceptable, but the reviewer may request additional translation.
6. The Asbestos Analysts Registry Enrollment Form is located on page 17 of the current AIHA Registry Programs Fee Schedule.

E. SUBMIT ALL REQUESTED ATTACHMENTS

1. Forms 5A or 5B and 9 or 9E have required attachments that shall be submitted with the application.
2. All attachments should be **clearly labeled** with the appropriate attachment number.
3. Given that we are unfamiliar with your records and documentation practices, please be sure that the attachments are complete, clearly labeled, and that the attachment numbers are identified as instructed. If you wish to provide additional clarification to any attachment or submission in your application, please provide a cover letter detailing this clarification.
4. DO NOT omit any attachment. If you do not have anything to submit for a particular attachment, for example a Chain of Custody, then submit a cover letter that explains the exclusion, for example:

“We do not accept outside samples and have no need for a Chain of Custody. However, I have included our air monitoring data sheet.”

Note this omission and explanation may not be deemed acceptable and the deficiency will need to be addressed.

GENERAL APPLICATION INSTRUCTIONS (continued)

F. COMPILE APPLICATION PACKAGE

1. Compile the completed forms and attachments into a single application package, which is clearly segregated and ensure that all attachments are labeled as required by form 5A, 5B or 5C and 9 or 9E.
2. Discard all instruction pages or any pages of the application document that are not required to be completed by the organization.
3. The completed application package must be submitted in duplicate..
4. Bind the application with a binder clip or rubber band. Binders or elaborate binding systems are not required, nor preferred.
5. Application materials may be submitted to the AIHA Registry Programs, LLC electronically on compact disc (CD). If submitting an electronic application, all attachments must be clearly labeled. AIHA will not accept a document that does not in some way clearly label each attachment separately. Some methods of accomplishing this task may be a bookmarked PDF document, a hierarchical folder system, etc. AIHA will not attempt to interpret the documents submitted and will return the package if the system is not clear. An duplicate copy of the CD must be included.
6. See table below for the forms which are required for each application type:

FORMS Required for Submission	Application Type			
	Organization		Analyst	
	Initial	Triennial	Initial/Transfer	Expedited Initial/Transfer
Form 1 Organization Information	✓	✓		
Form 2 Organization Scope of Analysis	✓	✓		
Form 3A Analysts Information (Initial)	✓			
Form 3B Analysts Information (Triennial)		✓		
Form 4 Instruments and Equipment	✓	✓		
Form 5A Organization QA Requirements	✓	✓		
Form 5B Organization QA Requirements (Initial)	✓			
Form 5C Organization QA Requirements (Triennial)		✓		
Form 6 Certifications Registry Compliance	✓	✓		
Form 7 Indemnifications and Certifications Compliance	✓	✓		
Form 8 Analysts Information	✓		✓	
Form 8E Analysts Information (Expedited)				✓
Form 9 Analyst Quality Assurance Requirements	✓		✓	
Form 9E Analyst Quality Assurance Requirements (Expedited)				✓
Form 10 Analyst Acknowledgement	✓		✓	
Form 10E Analyst Acknowledgement (Expedited)				✓
Asbestos Analyst Registry Enrollment Form	✓	✓	✓	✓

7. Return the completed application package, REQUIRED copy, enrollment form and fees to:

AIHA REGISTRY PROGRAMS, LLC
Attn: ASBESTOS ANALYSTS REGISTRY
2700 PROSPERITY AVENUE, SUITE 250
FAIRFAX, VA 22031

ORGANIZATION AND/OR ANALYST APPLICATIONS WILL BE RETURNED AND/OR NOT PROCESSED IF THE REQUIRED ATTACHMENTS, DUPLICATE COPY AND FEES ARE NOT INCLUDED WITH THE APPLICATION PACKAGE.

FORM 1 – ORGANIZATION INFORMATION

Date:	Initial Triennial <i>(check appropriate application type)</i>
General Information	
Organization Name	Organization ID <i>(if already assigned):</i>
Company Name <i>(if affiliated with a Parent Organization):</i>	Owner(s) <i>(if privately held):</i>
Street Address	Mailing Address <i>(if different from street address):</i>
Organization Contact Information	
Organization Contact	Contact Person's E-Mail Address
Contact Person's Telephone Number	Contact Person's Fax Number
Billing Information Same as Organization <input type="checkbox"/>	
Billing Contact	Billing Address
Billing E-Mail Address	
Billing Telephone Number	Billing Fax Number
AAT Sample Contact Information Same as Organization <input type="checkbox"/>	
Sample Contact	Sample Contact Address
Sample Contact E-Mail Address	
Sample Contact Telephone Number	Sample Contact Fax Number
Disclosure	
<p>Is the organization currently under investigation or suspension by a governmental or private a certification agency?</p> <p>Yes No</p> <p>If yes, attach a separate sheet describing the dates and circumstances of the investigation or suspension and discuss any applicable corrective actions.</p>	
Commercial Availability	
<p>Does the organization accept "fee for service" samples?</p> <p>Yes No</p>	

FORM 2 – ORGANIZATION SCOPE OF ANALYSIS

INSTRUCTIONS: In section 1, define the scope of your organization's analytical practices by giving a rough estimate of the percentage (%) of total analytical work volume for each major asbestos analysis category. However, if you consider the information proprietary, you are only required to provide the information applicable to the AAR program for which you are applying. **In section 2, provide information for the all categories of analysts affiliated with your organization.**

1. Asbestos and other fibers:

Estimated the % of total analytical work performed: _____ %

- Air by PCM (in Lab) Air by PCM (in field) Air by TEM
 Bulk by TEM Bulk by PLM

2. Analysts Information (Check whichever applies in this section)

Are your analysts:

- Affiliated with a laboratory Not affiliated with a laboratory

Categorize your analysts on the registry (or those to be registered). Do not include non-AAR analysts.

- Laboratory Analysts only # of Analysts: _____
 Field Analysts only # of Analysts: _____
 Both Laboratory and Field # of Analysts: _____

It has been determined that one set of Asbestos Analytical Testing (AAT) program samples is adequate for no more than five analysts to count. Given this requirement, please indicate the number of sets of AAT samples per round that will be required by your organization.

_____ sets of AAT samples per round

FORM 4 - AAR MICROSCOPES AND EQUIPMENT

INSTRUCTIONS:

Please list the microscopes currently in use by the organization's analysts in the columns below. Fill out this form completely, listing only those instruments that are applicable to the AAR program. Please list additional equipment used in the lower section as indicated.

EQUIPMENT	I	II	III	IV
Microscope				
Manufacturer				
Model / Type				
Serial Number				
Eyepiece Magnification				
Objective Magnification				
Filter Type				
Walton-Beckett Graticule Field Area in mm ²				
Microscope primarily used or for: Field ("F"), Laboratory ("L"), or both ("F/L") types of work.				

ADDITIONAL EQUIPMENT	QUANTITY
HSE/NPL Test Slide	
Stage Micrometer	
Telescoping Ocular Phase Ring	
Acetone Vaporizer	

Make additional copies of this form, as needed.

INSTRUCTIONS
FORMS 5A, 5B AND 5C – QUALITY SYSTEM REQUIREMENTS

OVERVIEW

- Forms 5A through 5C contain the requirements of your organization's quality manual, standard operating procedures and quality system.
- All organizations initially applying for the AAR program or submitting a triennial application shall submit their Quality Manual and any applicable Standard Operating Procedures. These documents must include, at a minimum, the attachments as specified in, Form 5A, Quality Manual and Standard Operating Procedure Requirements.
- Form 5B details the real-world examples from the organization's quality system that must be submitted with an initial organization application.
- Form 5C details the real-world examples from the organization's quality system that must be submitted with a triennial organization application.

INSTRUCTIONS

- A. Consult the AAR Policy document located at:
http://www.aiha.org/lc_registry/documents.htm
1. The policy numbers included on forms 5A through 5C correspond to the policy numbers in the AAR Policy document.
 2. Before completing this section of the application, the organization should read each applicable policy to ensure that the organization is in full compliance.
- B. Form 5A requires submission of your entire Quality Manual (QM). If the "submission example required" is not included in your QM, submit the section of your Standard Operating Procedures that address the requirement.
1. If the organization is not in compliance, then the organization should stop the application process and review and revise its procedures and practices as necessary.
 2. Highlight or underline portions of the attachment that demonstrate compliance with the applicable policy. Keep in mind, the technical reviewer of the application is not familiar with your internal processes
- C. Form 5B and 5C require submission of records and forms that demonstrate your analysts using your quality system.
1. If the organization is not in compliance, then the organization should stop the application process and review and revise its procedures and practices as necessary.
 2. Completed records and forms that have been used in your daily operation are required.
 3. All attachments shall be dated from within three months of the application date as entered on Form 1.
 - Exceptions may be made for occasional or part-time analysts. If your analysts do not produce adequate data to create statistically sound records, older data can be submitted. However, every analyst shall read at least one recount and one reference slide with their AAT samples, so some recent data must be presented. Acceptance of older data is at the reviewer's discretion.
- D. Indicate the page number or section number of all attachments on Form 5A in the "Included in the" columns. Label attachments with attachment numbers.
- E. Include and label all attachments on Form 5B or Form 5C,
1. Label the attachments as instructed in the "Attachment Number" column, preferably in the upper right-hand corner of the requested document.
 2. Highlight or underline portions of the attachment that demonstrate compliance with the applicable policy. Keep in mind, the technical reviewer of the application is not familiar with your internal processes.
- F. Do not include information that is not requested.
- G. **Electronic Submissions:** The AIHA Registry Programs, LLC will accept electronic submission of applications on CD; however, all attachments and application sections shall be clearly organized and easily identifiable and navigable. Simply labeling the paper attachment before making them electronic is not sufficient. Failure to clearly mark sections using methods such as electronic bookmarks or hierarchical file systems will result in the application being returned to the laboratory.

FORM 5A

QUALITY MANUAL and STANDARD OPERATING PROCEDURE REQUIREMENTS (ARTICLE II) (INITIAL AND TRIENNIAL)

Submit your organization's' entire quality manual and any applicable sections of your standard operating procedures.

Policy Topic	Attachment Number	Submission Example Required	Policy No.	Included in the:	
				Quality Manual	SOP
				(Indicate page number or section)	
Table of Contents	A.1	A listing of the topics covered in the manual as arranged by chapter and/or section, including the corresponding page number(s).	2.3.1		
Quality Assurance Objectives	A.2	A description of the organization's quality assurance objectives.	2.3.2		
Manual Acceptance, Maintenance and Revision	A.3	The policy and process for quality manual acceptance, maintenance and revision.	2.3.3		
Personnel Qualifications and Training	A.4	Policy regarding the analyst probationary training and training in the organization's quality control program	2..3.4		
Sample Receiving, Handling and Processing	A.5	Procedure for sample receiving, sample log-in, assignment of unique sample number, Chain of Custody or Internal Record System, and sample handling.	2.3.5		
Microscope Maintenance	A.6	Procedure and policy on microscope maintenance.	2.3.6		
Microscope Alignment and Calibration	A.7	Procedure for microscope setup, alignment and calibration with image quality check using the HSE/NPL Test Slide and graticule measurement.	2.3.6		
Reference Slide Analysis	A.8	Policy on reference slide analysis, procedure for the generation of the UCL and LCL or CV, and use of the reference slide data.	2.3.7.1		
Recount Analysis	A.9	Policy on analysis of 10% recount of samples analyzed by the same analyst and the procedure for statistical comparison of recounts. Shall demonstrate the criteria for acceptance and rejection of recount data. Must address the special requirements of "blind" analysis in the field, if your organization has field analysts.	2.3.7.2		
Blank Analysis	A.10	Policy on blank collection and analysis. NIOSH 7400 method requires that 10% per set or a minimum of 2 field blanks should be analyzed, whichever is greater.	2.3.7.3		
Round Robin Participation	A.11	Policy on round robin participation and data analysis. OSHA asbestos regulations require results from semi-annual round robin participation with at least 2 other organizations.	2.3.8		
Corrective Action	A.12	Policy for corrective action taken as a result of client inquiries or detected quality errors. Include the procedure for corrective action and elimination of the error.	2.3.9		
Record Keeping	A.13	Policy for document and record retention.	2.3.10		
Sample Retention and Disposal	A.14	Policy for sample storage, retention and disposal.	2.3.11		
Internal Systems Audit	A.15	Policy and procedure for an annual internal systems audit. Shall be designed to evaluate all known policies and procedures that affect the quality of the analytical results.	2.3.12		
On-Site Housekeeping	A.16	Housekeeping procedures used at the remote field site.	2.3.13.2		
On-Site Filter Mounting	A.17	Procedures for on-site filter mounting.	2.3.13.3		
On-Site Environmental Requirements	A.18	Policy on environmental requirements for on-site field analysis.	2.3.13.4		
Final Reporting	A.19	Policy on the final reporting format.	2.3.14		

FORM 5B
QUALITY SYSTEM EXAMPLES (Initial)

Policy Topic		Quality System Example Requirements			
	Sub-Topic	Attachment Number	Submission Examples Required	Policy No.	(✓)**
Analyst Training	Technical Training	B.1	NIOSH 582 (or equivalent) certificate and course syllabus for each analyst being registered. Certificate or syllabus must include the contact hours for the course.	2.2.2	
	Quality System Training	B.2	Documentation of training in the organization's quality system for each analyst being registered.	2.2	
Quality Assurance Records	Manual Acceptance and Revision	B.3	Documentation that the quality manual has been reviewed.	2.3.3	
	Internal Record System	B.4	A completed copy of the internal record system that demonstrates a sample numbering and tracking system, and how sample receipt date and job information is recorded. A Chain of Custody, sample receiving log and/or field data sheet.	2.3.5	
	Corrective Action	B.5	Record of an out-of-control event with determined causes and corrective measures taken. For example, an outlier in the AAT program is an out-of-control event.	2.3.9	
	Systems Audit	B.6	A copy of the documentation of the latest annual systems audit.	2.3.12	
	Final Report	B.7	A complete, signed final report for a PCM analysis performed by one of your registered analysts. Include associate analysis worksheets.	2.3.14	
Internal Quality Control Procedures	Microscope Maintenance	B.8	Completed microscope maintenance record. A single page is sufficient.	2.3.6.2	
	Microscope Alignment	B.9	A completed microscope alignment record.	2.3.6.3	
	Microscope Calibration	B.10	A completed microscope calibration log including the image quality check.	2.3.6.3 2.3.6.4	
	Reference Slide Analysis	B.11	Documentation of daily use of reference slides, loaded to at least the three levels detailed in the NIOSH 7400 method, by each registered analyst.	2.3.7.1	
	Reference Slide Control Charts	B.12	Copy of control chart or other statistical analysis of reference slides for each registered analyst.	2.3.7.14	
	Recount Analysis	B.13	Documentation of the statistical comparison of same analyst recounts of 10% sample analysis by each registered analyst.	2.3.7.2	
	Blank Analysis	B.14	Documentation of the analysis of blanks, i.e., a final report or analysis worksheet.	2.3.7.3	
	Round Robin	B.15	Results from the latest two rounds of round robin participation. One round of results with a participation agreement that shows the deadline for the next round may also be acceptable.	2.3.8	
Methods	Analytical Method	B.16	Provide a copy of the current method used by analysts for fiber counting. If this is an in-house method, provide a copy of the method and references including the source, version and issue date. If this is a published method, a copy of the cover page, showing the current version and issue date.	2.3.13	

**If you have read and are compliant with the associated policy #, enter a check mark (✓) in this column.

FORM 5C
QUALITY SYSTEM EXAMPLES (Triennial)

Policy Topic		Quality System Example Requirements			
	Sub-Topic	Attachment Number	Submission Examples Required	Policy No.	(✓)**
Quality Assurance Records	Manual Acceptance and Revision	C.1	Documentation that the quality manual has been reviewed since the original or last application to the program was submitted.	2.3.3	
	Internal Record System	C.2	A completed copy of the internal record system that demonstrates a sample numbering and tracking system, and how sample receipt date and job information is recorded. A Chain of Custody, sample receiving log and/or field data sheet.	2.3.5	
	Corrective Action	C.3	Record of an out-of-control event with determined causes and corrective measures taken. For example, an outlier in the AAT program is an out-of-control event.	2.3.9	
	Systems Audit	C.4	A copy of the documentation of the latest annual systems audit.	2.3.12	
	Final Report	C.5	A complete, signed final report for a PCM analysis performed by one of your registered analysts. Include associate analysis worksheets.	2.3.14	
Internal Quality Control Procedures	Microscope Maintenance	C.6	Completed microscope maintenance record. A single page is sufficient.	2.3.6.2	
	Microscope Alignment	C.7	A completed microscope alignment record.	2.3.6.3	
	Microscope Calibration	C.8	A completed microscope calibration log including the image quality check.	2.3.6.3 2.3.6.4	
	Reference Slide Analysis	C.9	Documentation of daily use of reference slides, loaded to at least the three levels detailed in the NIOSH 7400 method, by each registered analyst.	2.3.7.1	
	Reference Slide Control Charts	C.10	Copy of control chart or other statistical analysis of reference slides for each registered analyst.	2.3.7.14	
	Recount Analysis	C.11	Documentation of the statistical comparison of same analyst recounts of 10% sample analysis by each registered analyst.	2.3.7.2	
	Blank Analysis	C.12	Documentation of the analysis of blanks, i.e., a final report or analysis worksheet.	2.3.7.3	
	Round Robin	C.13	Results from the latest two rounds of round robin participation. One round of results with a participation agreement that shows the deadline for the next round may also be acceptable.	2.3.8	
Methods	Analytical Method	C.14	Provide a copy of the current method used by analysts for fiber counting. If this is an in-house method, provide a copy of the method and references including the source, version and issue date. If this is a published method, a copy of the cover page, showing the current version and issue date.	2.3.13	

** If you have read and can provide the documentation to be submitted, enter a check mark (✓) in this column.

**FORM 6 – CERTIFICATIONS
REGULATORY COMPLIANCE**

Certification of Compliance with Applicable Health and Safety Standards

On behalf of _____,
(Name of organization)

I certify that, to the best of my knowledge:

1. The organization listed above complies with all applicable federal, state, and local health, safety, environmental contamination, and waste disposal standards; and
2. The organization listed above maintains a system for proper disposal of samples.

I also certify that I understand that the AIHA Registry Programs, LLC approval process for the AAR program is not a safety inspection, has no safety related purpose, and that the sole purpose of the review is to evaluate the ability of the organization to meet and adhere to the quality system requirements as detailed in the AAR policies.

Printed Name	Title
Signed	Date

FORM 7 - INDEMNIFICATION AND CERTIFICATIONS
COMPLIANCE WITH REQUIREMENTS

NOTE: This section is to be signed by an authorized representative of the organization and returned as part of the organization application for the Asbestos Analysts Registry (AAR).

On behalf of: _____
(Name of Organization)

I certify that:

1. I have read Article II of the AAR Policy document, Quality System Requirements, and the remainder of the AAR Policy document;
2. This organization listed above complies at all times with all of their quality system practices and all the pertinent requirements listed in the AAR policy document;
3. This organization maintains a quality assurance and quality control program that monitors all of its affiliated analysts enrolled in the registry.
4. All affiliated analysts registered with this organization use the approved internal record system and final report format.
5. The information contained in this application is correct ;
6. The organization listed above agrees to notify the AIHA Registry Programs, LLC within twenty (20) business days of any changes that significantly affects the organization's
 - a. legal, commercial or organizational status;
 - b. organization and management;
 - c. policies or procedures, where appropriate;
 - d. premises;
 - e. analysts, equipment, or other resources;
 - f. authorized signatory;
 - g. any other matters that may affect the organization's capability, or compliance with requirements for approval in the AAR;
7. Misrepresentations in this application may be grounds for revocation or denial of AAR approval;
8. The organization listed above will not use its AAR approval in such a manner as to bring the AIHA Registry Programs, LLC into disrepute and will not make any statement relevant to its AAR status which the AIHA may consider misleading or unauthorized;
9. Upon suspension or withdrawal of our approval (however determined) the organization listed above will forthwith discontinue our use of all advertising matter that contains any reference thereto;
10. The organization listed above will not use this AAR approval to imply any type of product approval by the AIHA Registry Programs, LLC;
11. It is the organization's responsibility to keep current on updates to AAR policies;
12. The organization listed above maintains impartiality and integrity in its dealings with clients requiring AAR approval and with the AIHA Registry Programs, LLC;
13. All fees are paid according to the required schedule;

**FORM 7 - INDEMNIFICATION AND CERTIFICATIONS
COMPLIANCE WITH REQUIREMENTS (cont'd)**

14. It is the organization's responsibility to submit any and all necessary information to access conformance to the AAR program requirements.
15. The organization listed above shall continually commit to fulfill the requirements for AAR approval status. This includes an agreement to adapt for changes in the requirements for approval.
16. The values reported in the Asbestos Analytical Testing program represent analyses performed by the analyst whose name is associated with them, and who is affiliated with this organization.
17. The organization listed above shall continually comply with the AIHA Registry Programs, LLC AAR Advertising Policy as described in Article VII.

_____, its successors assigns, releases,
(Name of Organization)

indemnifies and holds the AIHA Registry Programs, LLC, its volunteers, technical advisory panel members, board members, contractors, employees and representatives harmless from any and all claims, demands, suits

and judgments by or on behalf of _____, its
(Name of Organization)

employees and third persons by reason of any damage, death or injury resulting from accidents, exposure to or consumption of harmful substances, and the unsafe practices of the organization personnel and/or facilities.

Printed Name	Title
Signed	Date

ANALYST APPLICATION INSTRUCTIONS

INSTRUCTIONS FOR COMPLETING THE ANALYST APPLICATION FORMS

When adding any analyst (initial or transfer) to your organization you must complete and submit a complete analyst application, Forms 8 -Form10 for each analyst, including the quality control documentation listed on Form 9. Organization's filing an initial organization application must additionally submit an analyst application for each analyst to be registered with the organization.

A. READ THE POLICIES

Before submitting the analyst application package(s), each affiliated analyst must be in full compliance with the requirements in the AAR Policy document, including your organization's quality system and the NIOSH 7400 method requirements

B. ANALYST APPLICATION TYPES

1. Initial Analyst

- An application for an analyst who has never been enrolled in the AAR program.
- See AAR Policy, Article IV, Section 4.2 for the initial analyst's listing process.
- Complete Form 8, Form 9 and Form 10.

2. Transfer Analyst

- An application for an analyst who has previously been in the AAR program, but is being transferred to a new organization or who has been out of the registry for some time and is reenrolling in the AAR program.
- The application shall represent the analyst's work with their new organization.
- See AAR Policy, Article IV, Section 4.3 for the transfer analyst's listing process.
- Complete Form 8, Form 9 and Form 10.

3. Expedited Analyst

- An application for an analyst (initial or transfer) who is seeking an expedited listing process in the AAR program.
- See the applicable policy section for the initial or transfer analyst and AAR Policy, Article IV, Section 4.5 for the additional considerations for an expedited analyst's application process.
- Additional considerations are also required for the AAT program for Expedited Analysts; see AAR Policy, Article III, Section 3.2.
- Complete Form 8 (check the box that indicates Expedited Application), Form 9 and Form 10.
- An analyst enrolling with an initial or unapproved organization cannot seek expedited application.

C. COMPLETING THE ANALYST APPLICATION FORMS

1. Form 8

Complete Form 8 and list all analysts affiliated with your organization to be enrolled via the application. Make additional copies of Form 8 as needed.

- Probationary Period - All analysts affiliated with an organization that are to be registered shall have a probationary period defined. This is a time, determined by the organization, during which the analyst performs analysis under supervision, or where their results are checked by the QA manager for proficiency and accuracy and the analyst is trained in the organization's quality system. Typically, this time would include repeated analysis of reference slides and recounts of field samples previously analyzed by other analysts with review of this data for bias and accuracy. AIHA recommends a probationary period be at least 2 weeks.

2. Form 9

- For each analyst, the attachments indicated on Form 9 must be submitted: training certificate and training outline (including contact hours); examples of the analysis of reference slides at the required three levels of fiber loading; control chart(s) for the analysis of the reference samples; and examples of the statistical comparison of the same analyst recount of sample analysis.
- Each attachment must be labeled with the prefix given and the initials of the analyst (e.g., for analyst John A. Doe, the training certificate will be labeled as TC-JAD, the training outline as TO-JAD, etc.)

3. Form 10

- Complete for each analyst to be enrolled
- Must be signed by the analyst to be enrolled and an authorized representative of the organization.



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	Technical Training <ul style="list-style-type: none"> • NIOSH 582 or equivalent course certificate • NIOSH 582 or equivalent course outline • Certificate and/or outline must demonstrate contact hours, provider name and date of training. 	TT –
2.2.3 2.3.4.1	Quality System Training <ul style="list-style-type: none"> • Documentation of the analyst's training in the organization's QA/QC program. 	QST –
2.3.7.1.4	Control Chart <ul style="list-style-type: none"> • 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. • A minimum of twenty (20) data points shall be used to determine the UCL, LCL or CV 	CC –
2.3.7.1	Reference Slides <ul style="list-style-type: none"> • Documentation that prior to the analysis of samples each day, the analyst counts a randomly selected reference slide from the reference slide library. • 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 >50 fibers in 100 graticule fields). 	RF –
2.3.7.2	Recounts <ul style="list-style-type: none"> • Documentation of the recount analysis of 10% of samples analyzed by the same analyst. • Documentation of the statistical comparison of the recount data to determine the acceptability of the recount. • Example of the statistical comparison used. 	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



Date of Submission: _____

Asbestos Analysts Registry

FORM 11 - ORGANIZATION ANALYST DROP FORM

Make additional copies of this form as needed. This form must be submitted each time an organization wishes to drop an analyst. Include the number of the last round in which each analyst will participate with this organization. If no round is indicated, your analyst will be dropped immediately and their results will not appear on the AAT Performance Results Report for the current round (http://www.aiha.org/1documents/lab/AAT_SCHEDULE_DEADLINES.pdf).

ORGANIZATION ID#: _____

ORGANIZATION NAME: _____

CONTACT: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE DROP THE FOLLOWING ANALYST(S) FROM THE REGISTRY:

ANALYST NAME	ANALYST ID	Last AAT Round



Date of Submission: _____

Asbestos Analysts Registry

FORM 12 - INDIVIDUAL ANALYST DROP FORM

This form must be submitted each time an analyst wishes to drop him/herself from the registry.

This is to request that I

(Print Full Name of Analyst & Analyst ID#)

be dropped from the following organization:

(Print Name of Organization & Organization ID#)

When did you leave the above organization?

(Month/Day/Year)

Reason for this Drop Request (complete one of the following):

No longer employed as of _____
(Enter Effective Date)

Another Organization is enrolling me _____
(Enter Effective Enrollment Date)

Other (describe): _____

Analyst's signature is required in order to process this request.

(Analyst's Signature & Date)