ELAP is committed to ensuring that on-site assessments of laboratories are conducted in a consistent, impartial, and professional manner. Your assistance in evaluating the most recent assessment of your laboratory is requested. In order to address any specific concerns, we will require Part A to be completed. However, if you wish to remain anonymous, leave Part A blank.

**PART A**
Date(s) of Assessment _______________ Lead Assessor’s Name _______________________
Lab ID _________  Lab Name ________________________ _______________
Name ___________________________  Title ___________ ______________
Signature __________________________________

**PART B**

1. How long did the assessment take? ____________________________
2. Did the assessor(s) conduct him/herself in a professional manner? ___ Y ___ N
3. Were both opening and closing conferences conducted? ___ Y ___ N
4. Did the assessor(s) visit all relevant areas of the laboratory? ___ Y ___ N
5. Did the assessor(s) examine records, instruments, and sample data? ___ Y ___ N
6. Did the assessor(s) fully explain program requirements? ___ Y ___ N
7. Did the assessor(s) ask appropriate questions? ___ Y ___ N
8. Was the quality manual reviewed? ___ Y ___ N
9. Were method SOPs reviewed? ___ Y ___ N
10. Were sample custody logs reviewed? ___ Y ___ N
11. Were proficiency test data reviewed? ___ Y ___ N
12. Before leaving, did the assessor(s) fully explain all preliminary deficiencies? ___ Y ___ N

13. Please rate your overall experience by checking one of the boxes below.
   Positive [ ]   Negative [ ]   Indifferent [ ]

14. Please provide any comments or additional feedback below. Attach an additional page if necessary.

Please return to ELAP at Wadsworth Center, New York State Dept. of Health, P.O. Box 509, Albany, NY 12201-0509; elap@health.ny.gov; or 518-485-5568 (fax).