

## Environmental Laboratory Approval Program (ELAP)

### Laboratory Assessment Appraisal Form

ELAP is committed to ensuring that 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. 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 Department of Health, Empire State Plaza, Albany, NY 12237; [elap@health.ny.gov](mailto:elap@health.ny.gov); or 518-485-5568 (fax).