NEW YORK STATE DEPARTMENT OF HEALTH **Wadsworth Center Environmental Laboratory Approval Program**

Empire State Plaza Albany, NY 12237

Critical Agents and Autonomous Detection System Application

INSTRUCTIONS: Please refer to separate instruction forms. Complete all applicable sections of form, attach requested documents, and mail to the address noted above, fax $[(518)\ 485\mathcharpoonup(518)\ 485\mathcharpoonup(5$

For office use only	
LAB ID:	

Section A: GENERAL INFORMATION	
Laboratory Name:	
Laboratory Location Address	
Number & Street:	
City, State, Zip:	
NYS County (if applicable):	Country (if not U.S.):
Section B: ENVIRONMENTAL ANALYSES	
Section B: ENVIRONMENTAL ANALYSES To complete this section, please place a check analyte name to indicate which analyte(s) your lab SOLID AND CHEMICAL MATERIALS	

NEW YORK STATE DEPARTMENT OF HEALTH Wadsworth Center Environmental Laboratory Approval Program Empire State Plaza Albany, NY 12237

Section C: ADDITIONAL INFORMATION
ADS Model Number or Instrument ID:
Please attach the following documentation for review.
Quality Manual, which includes or references the following:
Standard Operating Procedure Manual
Response Plan
Data Validation Package
An Example of a Report (verbal or written)
For ADS manufacturers, is your company "Safety Act Certified" by the Department of Homeland Security? <i>NOTE:</i> This question is for informational purposes only. This certification is not used an acceptance criteria.
YES NO If your answer is YES, please attach the "Letter of Designation" awarded by the Department of Homeland Security.

Section D: ATTESTATION

Please make sure that your laboratory has completed and affixed the general "Application for Approval" to this application. The attestation is referred to as the "Certification of Compliance" in the general application.