**Out-of-State Laboratory Certification Renewal Checklist**

Laboratory Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S.C. Laboratory ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S.C. Laboratory Certificate ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifying Authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S.C. Laboratory Certificate ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifying Authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EPA Laboratory ID# (for PTs):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit the following information for out-of-state laboratory certification renewal. **The information will be accepted on a CD/DVD or flash/thumb drive**.

\_\_\_\_\_\_1. A current certificate (**reflecting new expiration date**) from the certifying authority documented above. If not yet available from your certifying authority, please note the date expected \_\_\_\_\_\_\_\_ and e-mail a copy upon receipt.

\_\_\_\_\_\_2. The current analyte list (**reflecting new expiration date**) from the certifying authority documented above. If not yet available from your certifying authority, please note the date expected \_\_\_\_\_\_\_\_\_ and e-mail a copy upon receipt.

\_\_\_\_\_\_3. The most recent on-site evaluation report from the certifying authority for the methods for which renewal is being requested.

\_\_\_\_\_\_4. The laboratory response to the on-site evaluation report.

\_\_\_\_\_\_5. The current QA plan with an effective date, revision date, and ongoing history for the QA plan modifications.

\_\_\_\_\_\_6. The current SOPs for the methods that are being renewed with an effective date, revision number, and ongoing revision history for the SOP modifications. **If the SOPs are already on file, a compiled list of the SOPs with the effective date and revision number must be submitted.**

\_\_\_\_\_\_7. The current listing of personnel with their primary responsibilities.

Note: Upon receipt of the complete renewal package, your laboratory is still considered certified pending the technical review of all information.

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MAIL TO:** **Office of Environmental Laboratory Certification**

 **SCDHEC**

 **2600 Bull St.**

 **Columbia, SC 29201**