

Instructions for Completing Application

- For use in the **Province of Ontario** only.
- All Sections **must** be completed in full with all attachments included.
- All attachments must include **Sections (A-Z)** and **Item Number(s)** and **Item Name(s)** printed on front cover of each separate attachment.
- This document is a permanent legal document and must be completed using blue or black ink only.
- Incomplete applications will be returned to the Applicant.
- If more space is needed to answer questions please attach additional sheets of paper with **Sections (A-Z)** and **Item Number(s)** clearly identified.
- Questions regarding the completion of this application should be directed to the Licensing Coordinator at 416-235-6370.
- Laboratories should note that this application for licensing is not restricted to the parameters listed in O. Reg. 169/03.

Completed applications **must** be sent to:

Ministry of the Environment
Director, Laboratory Services Branch
125 Resources Road
Etobicoke ON M9P 3V6
Attention: Laboratory Licensing

Section A: Laboratory Information

Name of Laboratory		Previous Licence Number	Licence Expiry Date YYYY MM DD
Laboratory Address (Street Number and Name)		City/Town	Postal Code
Mailing Address (if different from above)		City/Town	Postal Code
Telephone Number (include area code)	Fax Number (include area code)	Facility Information (number of floors, total allocation in square feet)	

Section B: Ownership of Laboratory (mark an "X" in the appropriate boxes)

1. Is the ownership of this laboratory a partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "yes" please provide proof of registration under the <i>Partnerships Registration Act</i> . I have included the proof of registration under the <i>Partnerships Registration Act</i> with this application. <input type="checkbox"/> Yes (print Section B and Ownership # 1 on front cover of submission)	2. Is the ownership of this laboratory a corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "yes" please provide a copy of the Incorporation with this application. I have included a copy of the incorporation with this application. <input type="checkbox"/> Yes (print Section B and Ownership # 2 on front cover of submission)
Legal Name of Laboratory (if different from name in Section A)	

Laboratory Owner Information

1	Last Name	First Name	Street Number and Name	
	City/Town	Postal Code	Telephone Number (include area code)	Fax Number (include area code)
2	Last Name	First Name	Street Number and Name	
	City/Town	Postal Code	Telephone Number (include area code)	Fax Number (include area code)

*If more space is needed, please attach additional sheet (*print **Section B - Laboratory Owner Information** on front cover of submission*)

Laboratory Administrator Information (Person to whom invoices, document requests and correspondence is addressed to on behalf of owner)

Same as Owner

Last Name	First Name	Street Number and Name	
City/Town	Postal Code	Telephone Number (include area code)	Fax Number (include area code)

Laboratory Operator Information (Person responsible for daily operations)

Same as Owner Same as Administrator

Last Name	First Name	Street Number and Name	
City/Town	Postal Code	Telephone Number (include area code)	Fax Number (include area code)

Section C: Laboratory Director Qualification

Laboratory Director		Director Designate	
Last Name	First Name	Last Name	First Name
Classes of tests supervised (list): Please list: a) Degrees b) Qualifications c) Relevant experience (include years of experience)		Classes of tests supervised (list): Please list: a) Degrees b) Qualifications c) Relevant experience (include years of experience)	

*If more space is needed please attach additional sheet (*print **Section C - Laboratory Director or Director Designate, A-C** on cover of submission*)

Section D: Drinking-Water Test Parameters

Please mark an "X" the parameters to be included on your drinking-water testing licence.

Note: Laboratories must be appropriately accredited for specific testing parameters.

If not accredited, is this an application for a licence pursuant to s.74(2) of the *Safe Drinking Water Act*?

Yes No

If not accredited, is this an application for a licence pursuant to s.74(3) of the *Safe Drinking Water Act*?

Yes No

Drinking-Water Test Parameters

Laboratory Licence Class: Microbiological (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> <i>E. coli</i>						
<input type="checkbox"/> Fecal coliforms						
<input type="checkbox"/> Heterotrophic Plate Count (HPC)						
<input type="checkbox"/> Total coliform						
<input type="checkbox"/> Total coliform background (MF analysis)						
<input type="checkbox"/> Giardia						
<input type="checkbox"/> Cryptosporidium						
<input type="checkbox"/> Other (specify)						
<input type="checkbox"/> Other (specify)						
<input type="checkbox"/> Other (specify)						

*If more space is needed to list additional parameters please attach a separate sheet (*print Micro - DW Test Parameters on cover of submission*)

Laboratory Licence Class: Inorganic Chemical (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> Antimony						
<input type="checkbox"/> Arsenic						
<input type="checkbox"/> Barium						
<input type="checkbox"/> Boron						
<input type="checkbox"/> Cadmium						
<input type="checkbox"/> Chromium						
<input type="checkbox"/> Flouride						
<input type="checkbox"/> Lead						
<input type="checkbox"/> Mercury						
<input type="checkbox"/> Nitrate (as nitrogen)						
<input type="checkbox"/> Nitrate + Nitrite (as nitrogen)						
<input type="checkbox"/> Nitrite (as nitrogen)						
<input type="checkbox"/> Selenium						
<input type="checkbox"/> Sodium						
<input type="checkbox"/> Uranium						
<input type="checkbox"/> Other (specify)						
<input type="checkbox"/> Other (specify)						
<input type="checkbox"/> Other (specify)						

*If more space is needed to list additional parameters please attach a separate sheet (*print Inorg - DW Test Parameters on cover of submission*)

Laboratory Licence Class: Organic Chemical (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> 1,2-dichlorobenzene						
<input type="checkbox"/> 1,4-dichlorobenzene						
<input type="checkbox"/> 2,4-dichlorophenoxyacetic acid (2,4-D)						
<input type="checkbox"/> Alachlor						
<input type="checkbox"/> Aldicarb						
<input type="checkbox"/> Aldrin						
<input type="checkbox"/> Benzene						
<input type="checkbox"/> Aldrin + Dieldrin						
<input type="checkbox"/> Atrazine + N-dealkylated metabolites						
<input type="checkbox"/> Azinphosmethyl						
<input type="checkbox"/> Bendiocarb						
<input type="checkbox"/> Benzo(a)pyrene						
<input type="checkbox"/> Bromodichloromethane						
<input type="checkbox"/> Bromoform						
<input type="checkbox"/> Bromoxynil						
<input type="checkbox"/> Carbaryl						
<input type="checkbox"/> Cyanazine						
<input type="checkbox"/> 1,1-dichloroethylene (vinylidene chloride)						
<input type="checkbox"/> 1,2-dichloroethane						
<input type="checkbox"/> 2,4-dichlorophenol						

Laboratory Licence Class: Organic Chemical (cont'd) (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> 2,4,5-trichlorophenoxyacetic acid (2,4,5-T)						
<input type="checkbox"/> 2,4,6-trichlorophenol						
<input type="checkbox"/> 2,3,4,6-tetrachlorophenol						
<input type="checkbox"/> α-chlordane						
<input type="checkbox"/> Atrazine						
<input type="checkbox"/> Carbofuran						
<input type="checkbox"/> Carbon tetrachloride						
<input type="checkbox"/> Chlordane (Total)						
<input type="checkbox"/> Chloroform						
<input type="checkbox"/> Chlorpyrifos						
<input type="checkbox"/> De-ethylated atrazine						
<input type="checkbox"/> Diazinon						
<input type="checkbox"/> Dibromochloromethane						
<input type="checkbox"/> Dicamba						
<input type="checkbox"/> Dichloromethane						
<input type="checkbox"/> Dichlorodiphenyltrichloroethane (DDT) + Metabolites						
<input type="checkbox"/> Diclofop-methyl						
<input type="checkbox"/> Dieldrin						
<input type="checkbox"/> Dimethoate						
<input type="checkbox"/> Dinoseb						
<input type="checkbox"/> Diquat						

Laboratory Licence Class: Organic Chemical (cont'd) (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> Diuron						
<input type="checkbox"/> g-chlordane						
<input type="checkbox"/> Glyphosate						
<input type="checkbox"/> Heptachlor						
<input type="checkbox"/> Heptachlor + Heptachlor Epoxide						
<input type="checkbox"/> Heptachlor epoxide						
<input type="checkbox"/> Lindane (Total)						
<input type="checkbox"/> Malathion						
<input type="checkbox"/> Methoxychlor						
<input type="checkbox"/> Metolachlor						
<input type="checkbox"/> Metribuzin						
<input type="checkbox"/> Monochlorobenzene						
<input type="checkbox"/> op-DDT						
<input type="checkbox"/> Oxychlordane						
<input type="checkbox"/> Paraquat						
<input type="checkbox"/> Parathion						
<input type="checkbox"/> Pentachlorophenol						
<input type="checkbox"/> Phorate						
<input type="checkbox"/> Picloram						
<input type="checkbox"/> Polychlorinated Biphenyls (PCBs)						
<input type="checkbox"/> pp-DDD						

Laboratory Licence Class: Organic Chemical (cont'd) (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> pp-DDE						
<input type="checkbox"/> pp-DDT						
<input type="checkbox"/> Prometryne						
<input type="checkbox"/> Simazine						
<input type="checkbox"/> Temephos						
<input type="checkbox"/> Terbufos						
<input type="checkbox"/> Tetrachloroethylene (perchloroethylene)						
<input type="checkbox"/> Triallate						
<input type="checkbox"/> Trichloroethylene						
<input type="checkbox"/> Trifluralin						
<input type="checkbox"/> Trihalomethanes (total)						
<input type="checkbox"/> Vinyl Chloride						
<input type="checkbox"/> Other (specify)						
<input type="checkbox"/> Other (specify)						
<input type="checkbox"/> Other (specify)						

*If more space is needed to list additional parameters please attach a separate sheet (*print **Org - DW Test Parameters** on front cover of submission*)

Parameters Identified in Certificates of Approval (CofA) or Ministry Orders

Laboratory Licence Class: Microbiological (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> <i>Clostridium</i>						
<input type="checkbox"/> <i>Fecal Streptococci</i>						
<input type="checkbox"/> <i>Pseudomonas aeruginosa</i>						
<input type="checkbox"/> <i>Aeromonas spp.</i>						
<input type="checkbox"/> <i>Staphylococcus aureus</i>						
<input type="checkbox"/> Other (specify)						

*If more space is needed to list additional parameters please attach a separate sheet (*print **Micro - CofA Test Parameters** on front cover of submission*)

Laboratory Licence Class: Inorganic (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> 4AAP-phenolics						
<input type="checkbox"/> Alkalinity						
<input type="checkbox"/> Aluminum						
<input type="checkbox"/> Aluminum Residual						
<input type="checkbox"/> Ammonia						
<input type="checkbox"/> Ammonia + Ammonium (N)						
<input type="checkbox"/> Ammonia Nitrogen						
<input type="checkbox"/> Bromate						
<input type="checkbox"/> Bromide						
<input type="checkbox"/> Calcium						

Laboratory Licence Class: Inorganic (cont'd) (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> Chloride						
<input type="checkbox"/> Cobalt						
<input type="checkbox"/> Copper						
<input type="checkbox"/> Cyanide						
<input type="checkbox"/> Dissolved organic carbon						
<input type="checkbox"/> Free chlorine residual (field)						
<input type="checkbox"/> Iron						
<input type="checkbox"/> Methane						
<input type="checkbox"/> Nickel						
<input type="checkbox"/> Nitrilotriacetic acid (NTA)						
<input type="checkbox"/> Nitrogen-kjeldahl (N)						
<input type="checkbox"/> O-Phosphate						
<input type="checkbox"/> Organic carbon						
<input type="checkbox"/> Phosphorus						
<input type="checkbox"/> Potassium						
<input type="checkbox"/> Silicon; reactive silicate						
<input type="checkbox"/> Silver						

Laboratory Licence Class: Inorganic (cont'd) (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> Sulphate						
<input type="checkbox"/> Vanadium						
<input type="checkbox"/> Zinc						
<input type="checkbox"/> Other (specify)						
<input type="checkbox"/> Other (specify)						
<input type="checkbox"/> Other (specify)						

*If more space is needed to list additional parameters please attach a separate sheet (*print Inorg - CofA Test Parameters* on front cover of submission)

Laboratory Licence Class: Radioanalytical (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> Americium-241						
<input type="checkbox"/> Antimony-122						
<input type="checkbox"/> Antimony-124						
<input type="checkbox"/> Antimony-125						
<input type="checkbox"/> Barium-140						
<input type="checkbox"/> Beryllium-7						

Laboratory Licence Class: Radioanalytical (cont'd) (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> Bismuth-210						
<input type="checkbox"/> Bromine-82						
<input type="checkbox"/> Calcium-45						
<input type="checkbox"/> Calcium-47						
<input type="checkbox"/> Carbon-14						
<input type="checkbox"/> Cerium-141						
<input type="checkbox"/> Cerium-144						
<input type="checkbox"/> Cesium-131						
<input type="checkbox"/> Cesium-134						
<input type="checkbox"/> Cesium-136						
<input type="checkbox"/> Cesium-137						
<input type="checkbox"/> Chromium-51						
<input type="checkbox"/> Cobalt-57						
<input type="checkbox"/> Cobalt-58						
<input type="checkbox"/> Cobalt-60						
<input type="checkbox"/> Gallium-67						
<input type="checkbox"/> Gold-198						
<input type="checkbox"/> Gross alpha						

Laboratory Licence Class: Radioanalytical (cont'd) (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> Gross Beta						
<input type="checkbox"/> Indium-111						
<input type="checkbox"/> Iodine-125						
<input type="checkbox"/> Iodine-129						
<input type="checkbox"/> Iodine-131						
<input type="checkbox"/> Iron-55						
<input type="checkbox"/> Iron-59						
<input type="checkbox"/> Lead-210						
<input type="checkbox"/> Manganese-54						
<input type="checkbox"/> Mercury-197						
<input type="checkbox"/> Mercury-203						
<input type="checkbox"/> Molybdenum-99						
<input type="checkbox"/> Neptunium-239						
<input type="checkbox"/> Niobium-95						
<input type="checkbox"/> Phosphorus-32						
<input type="checkbox"/> Plutonium-239						
<input type="checkbox"/> Plutonium-238						
<input type="checkbox"/> Plutonium-240						
<input type="checkbox"/> Plutonium-241						
<input type="checkbox"/> Polonium-210						
<input type="checkbox"/> Radium-224						

Laboratory Licence Class: Radioanalytical (cont'd) (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> Radium-226						
<input type="checkbox"/> Radium-228						
<input type="checkbox"/> Rhodium-105						
<input type="checkbox"/> Rubidium-81						
<input type="checkbox"/> Rubidium-86						
<input type="checkbox"/> Ruthenium-103						
<input type="checkbox"/> Ruthenium-106						
<input type="checkbox"/> Selenium-75						
<input type="checkbox"/> Silver-108m						
<input type="checkbox"/> Silver-110m						
<input type="checkbox"/> Silver-111						
<input type="checkbox"/> Sodium-22						
<input type="checkbox"/> Strontium-85						
<input type="checkbox"/> Strontium-89						
<input type="checkbox"/> Strontium-90						
<input type="checkbox"/> Sulphur-35						
<input type="checkbox"/> Technetium-99						
<input type="checkbox"/> Technetium-99m						
<input type="checkbox"/> Tellurium-131m						
<input type="checkbox"/> Tellurium-132						
<input type="checkbox"/> Tellurium-129m						

Laboratory Licence Class: Radioanalytical (cont'd) (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> Thallium-201						
<input type="checkbox"/> Thorium-228						
<input type="checkbox"/> Thorium-230						
<input type="checkbox"/> Thorium-232						
<input type="checkbox"/> Thorium-234						
<input type="checkbox"/> Tritium						
<input type="checkbox"/> Uranium-234						
<input type="checkbox"/> Uranium-235						
<input type="checkbox"/> Uranium-238						
<input type="checkbox"/> Ytterbium-169						
<input type="checkbox"/> Yttrium-90						
<input type="checkbox"/> Yttrium-91						
<input type="checkbox"/> Zinc-65						
<input type="checkbox"/> Zirconium-95						
<input type="checkbox"/> Other (specify)						
<input type="checkbox"/> Other (specify)						
<input type="checkbox"/> Other (specify)						

*If more space is needed to list additional parameters please attach a separate sheet (print **Radio - CofA Parameters** on front cover of submission)

Laboratory Licence Class: Organic (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> 2-methylisoborneol (MIB)						
<input type="checkbox"/> 2,3,7,8-tetrachlorodioxin						
<input type="checkbox"/> 2,3,7,8-tetrachlorofuran						
<input type="checkbox"/> 1,2,3,7,8-pentachlorofuran						
<input type="checkbox"/> 1,2,3,7,8-pentachlorodioxin						
<input type="checkbox"/> 2,3,4,7,8-pentachlorofuran						
<input type="checkbox"/> 1,2,3,4,7,8-hexachlorodioxin						
<input type="checkbox"/> 1,2,3,4,7,8-hexachlorofuran						
<input type="checkbox"/> 1,2,3,6,7,8-hexachlorodioxin						
<input type="checkbox"/> 1,2,3,6,7,8-hexachlorofuran						
<input type="checkbox"/> 1,2,3,7,8,9-hexachlorodioxin						
<input type="checkbox"/> 1,2,3,7,8,9-hexachlorofuran						
<input type="checkbox"/> 2,3,4,6,7,8-hexachlorofuran						
<input type="checkbox"/> 1,2,3,4,6,7,8-heptachloro-dioxin						
<input type="checkbox"/> 1,2,3,4,6,7,8-heptachloro-furan						
<input type="checkbox"/> 1,2,3,4,7,8,9-heptachloro-furan						
<input type="checkbox"/> Dioxin and furan						
<input type="checkbox"/> Ethylbenzene						
<input type="checkbox"/> Geosmin						
<input type="checkbox"/> N-nitrosodimethylamine (NDMA)						
<input type="checkbox"/> m/p-xylene						

Laboratory Licence Class: Organic (cont'd) (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> o-xylene						
<input type="checkbox"/> Octachlorodioxin						
<input type="checkbox"/> Octachlorofuran						
<input type="checkbox"/> Toluene						
<input type="checkbox"/> Xylene (Total)						
<input type="checkbox"/> Other (specify)						

*If more space is needed to list additional parameters please attach a separate sheet (print **Org - CofA Test Parameters** on front cover of submission)

Laboratory Licence Class: Physical and Other (please mark an "X" in the appropriate box(es))

Parameter Name	Lab Method Title	Lab Method Code	Reference Method Code	Reference Method Source	*MDL (units)	CAEAL Appendix No.
<input type="checkbox"/> Chloramines						
<input type="checkbox"/> Conductivity						
<input type="checkbox"/> Colour						
<input type="checkbox"/> Hardness						
<input type="checkbox"/> Odour/Taste						
<input type="checkbox"/> pH						
<input type="checkbox"/> Residual chlorine						
<input type="checkbox"/> Solids (Total Dissolved)						
<input type="checkbox"/> Temperature						
<input type="checkbox"/> Turbidity						
<input type="checkbox"/> Other (specify)						

*If more space is needed to list additional parameters please attach a separate sheet (print **Physical/Other - CofA Test Parameters** on front cover of submission)

Section E: Accreditation

1. Provide a copy of your most recent SCC Scope of Accreditation for the drinking-water parameters listed in this application.
I have included a copy of the Scope with this application. Yes
(print Section E and Accreditation #1 on front cover of submission)
2. a) Provide a list of CAEAL Performance Testing Program studies in which you currently participate for drinking-water.
I have included a list of the CAEAL test groups title and parameters with this application. Yes
(print Section E and Accreditation #2a on front cover of submission)
b) Provide copies of the CAEAL Proficiency Testing Reports of these studies for the time period of January 2003 to present.
I have included copies of the results with this application. Yes
(print Section E and Accreditation #2b on front cover of each submission)
3. Provide a list of all other PT/ILS Programs you currently participate in for drinking-water with copies of test reports for time period of Jan 2003 to present.
I have included a list of PT/ILS Programs with this application. Yes
(print Section E and Accreditation #3 on front cover of submission)
4. a) Has your laboratory been suspended for any drinking-water parameters for which accreditation was required in the time period from January 2003 to present? Please list the parameter(s) and dates below?

Parameter (s)	Date Suspended	Date Reinstated (if reinstated)

*If more space is needed please attach additional sheet *(print Section E and Accreditation with #4a on front cover of submission)*

- b) Provide a copy of your completed CAEAL Corrective Action Report (CAR) for each suspension noted above.
I have included a copy of the CAR with this application. Yes
(print Section E and Accreditation #4b on front cover of the submission)
- c) Has your laboratory voluntarily withdrawn accreditation for any drinking-water testing from January 2003 to present?
Provide the rationale for withdrawal.
I have included a listing of withdrawn accreditation and the rationale with this application. Yes
(print Section E and Accreditation #4c on front cover of the submission)
5. Is your laboratory performing drinking-water testing for:

	Currently Testing	Intend to do Testing
a) Drinking-Water Systems (as defined by O.Reg. 170/03)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Drinking-Water Systems (as defined by O.Reg. 252/05)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Parameters, over and above those required by regulation (eg. Certificate of Approval, Provincial Officers or Director's Order)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) A frequency, over and above that is required by regulation (e.g. Certificate of Approval, Provincial Officers, or Director's Orders)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is "yes", please list the parameter(s) and the Drinking-Water System (including system number), for which they are required.

Drinking-Water Parameter(s)	Drinking-Water System (including system number)

6. a) Is your laboratory appropriately accredited for all parameters listed in this application? Yes No
b) If "no", indicate non-accredited parameters and reason for application.

*If more space is needed please attach additional sheet *(print Section E and Accreditation #5a,b,c or #6b on front cover of submission)*

Section F: Analytical Workload Planning

1. Provide the most recent list of all regulated Drinking-Water System clientele including drinking-water system numbers (if applicable).

Regulated Drinking-Water System Client	Drinking-Water System (including system number)

*If more space is needed please attach additional sheet (*print Section F and Analytical Workload Planning #1 on front cover of submission*)

2. Mark an "X" beside the corresponding licensed test class or classes.

Estimate the number of full-time, part-time and management staff currently assigned to perform the testing noted below.

Class or Classes		X	Approximate number of samples	Number of full-time staff	Number of part-time staff	Number of management staff
1	Microbiological					
2	Organic Chemical					
3	Inorganic Chemical					
4	Physical / Other					
5	Radioanalytical					

3. Provide normal current hours of operation and days of operation for drinking-water testing.

Current Days of Operation (e.g. Monday to Friday etc.)

Current Hours of Operation (e.g. 9am to 5pm)

4. a) What contingency plans are in place for weekend, holiday, and extended or emergency, hours of operation for drinking-water testing?

I have included a copy of the contingency plan with this application.

(*print Section F and Analytical Workload Planning # 4a on front cover of submission*)

Yes

- b) Provide details of how this contingency is determined and how staff are assigned.

I have included a copy of the contingency plan with this application.

(*print Section F and Analytical Workload Planning # 4b on front cover of submission*)

Yes

Section G: Sub-Contracting

1. a) Does your laboratory sub-contract any drinking-water testing?

No

Yes

- b) If "yes", please provide a list of the contract laboratories and the associated testing.

I have included a list of contracted laboratories and testing details with this application.

(*print Section G and Sub-Contracting # 1b on front cover of submission*)

Yes

2. a) Provide a copy of policies and procedures for sub-contracting drinking water samples.

I have included copies of the documents with this application.

(*print Section G and Sub-Contracting # 2a on front cover of submission*)

Yes

- b) Explain how permission is obtained from the drinking-water system owner/operator for sub-contracting drinking-water testing.

I have included a copy of this explanation with this application.

(*print Section G and Sub-Contracting #2b on front cover of submission*)

Yes

3. Provide a copy of policies and procedures relating to sub-contracted laboratories and loss of accreditation or licence.

I have included a copy of the policy and procedures with this application.

(*print Section G and Sub-Contracting #3 on front cover of submission*)

Yes

4. How are the clientele informed of changes in sub-contracted testing arrangements?
 I have included details regarding sub-contracted changes with this application. Yes
(print Section G and Sub-Contracting #4 on front cover of submission)
5. a) How does your laboratory ensure that the sub-contracted laboratory meets the requirements of licensing/accreditation?
 I have included details regarding these requirements with this application. Yes
(print Section G and Sub-Contracting #5a on front cover of submission)
- b) How does your laboratory ensure that the sub-contracted laboratory is aware of reporting requirements under the legislation?
 I have included details regarding these requirements with this application. Yes
(print Section G and Sub-Contracting #5b on front cover of submission)
- c) How does your laboratory transport samples to the sub-contracted laboratory?
 I have included details regarding sample transport with this application. Yes
(print Section G and Sub-Contracting #5c on front cover of submission)
6. a) Does your laboratory sub-contract drinking-water testing outside of Ontario? Yes No
- b) How does your laboratory ensure that the sub-contracted laboratory meets the requirements of eligibility?
 I have included details regarding eligibility requirements with this application. Yes
(print Section G and Sub-Contracting #6b on front cover of submission)

*If more space is needed please attach additional sheet *(print Section G and Sub-Contracting #'s 1-6 on front cover of submission)*

Section H: Reporting and Notification of Adverse Water Quality Results

1. Attach copies of the policies and procedures outlining the requirements for the immediate reporting of adverse drinking-water test results.
 I have included copies of these documents with this application. Yes
(print Section H and Reporting and#1 on front cover of submission)
2. How are adverse water quality results identified by the laboratory analysts?
 I have included details of this procedure with this application. Yes
(print Section H and Reporting and#2 on front cover of submission)
3. a) List the name and titles of staff responsible for reporting adverse water quality results?
 Name, Job Title _____ Name, Job Title _____
 Name, Job Title _____ Name, Job Title _____
- b) Is a current contact list of all clientele (including a backup), the drinking-water system owner/operator and local MOH with after-hours phone numbers available to this person? Yes No
 I have included this list with with this application. Yes
(print Section H and Reporting and#3b on front cover of submission)
4. Who in your organization is responsible for ensuring that adverse water quality results are reported?
 Name, Job Title _____ Name, Job Title _____
 Name, Job Title _____ Name, Job Title _____
5. Provide copies of all forms, templates, and sign-off sheets used for reporting and documenting adverse water quality results, sent to MOE-SAC during the last month or last 10 notifications (whichever is less).
- a) How many copies of forms are being submitted? _____
- b) How many copies of templates are being submitted? _____
- c) How many copies of sign-off sheets are being submitted? _____
- (print Section H and Reporting and...#5 A-C on front cover of each separate submission)*

*If more space is needed please attach additional sheet *(print Section H and Reporting and Notification #1-5 on front cover of submission)*

Section I: Uploading Regulated Data

- 1. How does your laboratory upload regulated data to DWIS? manually via XML
- 2. Provide copies of policies and procedures regarding the upload of regulated data.
I have included copies of these documents with this application. Yes
(print Section I and Uploading Data #2 on front cover of submission)
- 3. Who in your organization is responsible for the uploading of regulated data?
Name, Job Title _____ Name, Job Title _____
Name, Job Title _____ Name, Job Title _____
- 4. Indicate the scheduled day and times uploading is scheduled to be performed.
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Sat/Sun _____
- 5. Provide copies of your policies and procedures describing how your laboratory ensures data uploading to DWIS was successful (indicate the action taken by the laboratory when uploaded data fails).
I have included copies of the documents with this application. Yes
(print Section I and Uploading Data #5 on front cover of submission)

*If more space is needed please attach additional sheet *(print Section I and Uploading Data #'s 1-5 on front cover of submission)*

Section J: Analytical Methods

- 1. Provide copies of all current authorized test methods and SOP's pertaining to the parameters listed in this application.
I have included copies of the documents with this application. Yes
(print Section J and Analytical #1 on front cover of submission)
- 2. Are the methods submitted with the application included in the Ministry's document, "Protocol of Accepted Drinking-Water Testing Methods"? Yes No
a) If "no", provide rationale.
- 3. If the methods are not listed in the document "Protocol of Accepted Drinking Water Testing Methods", please ensure the following is included in the copy of the method submitted:
 - i) Method principal
 - ii) Detailed description of instrumentation and technology involved in the analysis
 - iii) Detailed description of sample preparation and analytical procedures
 - iv) Known interferences and biases
 - v) Calculation of the method detection limit (MDL), reporting detection limit (RDL) and measurement of uncertainty
 - vi) Data reporting procedures

*If more space is needed please attach additional sheet *(print Section J and Analytical Methods # 3 on front cover of submission)*

Section K: Chain of Custody

- 1. Provide copies of all Chain of Custody forms used to identify and track drinking-water samples in your laboratory from sample submission to sample disposal.
I have included a copy of these forms with this application. Yes
(print Section K and Chain of Custody #1 on front cover of submission)
- 2. Does your laboratory provide copies of the Chain of Custody Forms to all drinking-water system/owner operators? Yes No
- 3. Provide copies of policies and procedures regarding handling, transportation, storage and container use for drinking-water samples.
I have included a copy of these documents with this application. Yes
(print Section K and Chain of Custody #3 on front cover of submission)
- 4. Does your laboratory provide copies of these sample handling documents to all drinking-water system/owner operators? Yes No

5. Does your laboratory provide sampling services for drinking-water system owner/operators? Yes No

6. Provide a copy of policies and procedures regarding the compromise of samples due to improper handling, holding time, temperature, storage, use of sampling containers or when required information is not submitted?

I have included the document with this application. Yes
 (print **Section K** and **Chain of Custody #6** on front cover of submission)

*If more space is needed please attach additional sheet (print **Section K** and **Chain of Custody #'s 1-6** on front cover of submission)

Section L: Data Record Keeping

1. Provide copies of policies and procedures regarding the retention of all analytical records/documentation pertaining to regulated drinking-water samples.

I have included copies of the policies and procedures with this application. Yes
 (print **Section L** and **Data Record Keeping #1** on front cover of submission)

Section Z: Signature of Applicant(s)

If a partnership, all partners must sign. If an incorporated company, the signatures of the corporation's President and Secretary are required.

1	Signature	Name	Title	Date signed YYYY MM DD
2	Signature	Name	Title	Date signed YYYY MM DD
3	Signature	Name	Title	Date signed YYYY MM DD
4	Signature	Name	Title	Date signed YYYY MM DD

*If more space is needed please attach additional sheet (print **Section Z** and **Signature of Applicant** on front cover of submission)

Payment Schedule and Options

Indicate the classes checked in Section D (Drinking-Water Test Parameters)

Microbiological Organic Chemical Radioanalytical Physical/Other Inorganic Chemical

Please enclose payment as follows:

\$1000.00 for Base Licence and One Licensed Class Total fee enclosed \$ _____
 \$250.00 for each additional Licensed Class

Payment Options

Cheque or Money Order. Please make payable to: "Minister of Finance"		Credit card payment	
<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Card Number		Expiry Date (Month / Year)	
Name of Cardholder		Signature of Cardholder	

Personal information contained on this form is collected under the authority of the *Safe Drinking Water Act, 2002, s.72(1) and s.72(4)*. This information is being collected for the purposes of drinking-water testing licensure. Questions should be directed to Director, Laboratory Services Branch, Ontario Ministry of the Environment, 125 Resources Road, Etobicoke, ON, M9P 3V6 416-235-6370.