



ELR Code
 (for EMB to fill in)

- New
- Renewal
- Reinstatement
 - a) Revocation
 - b) Reduced Scope
- Increase in Scope

ENVIRONMENTAL LABORATORY RECOGNITION
Application Form

Instructions: Print/ type information and check (3) appropriate box provided, whichever is applicable. Use an A4 size extra sheet of paper. For items 9, 11, 12, & 18 follow format as prescribed.

(01) Name of establishment:			
(02) Address of establishment:			
Tel Nos.:		Fax Nos.:	
Tel Nos.:		E-mail:	
(03) Name of owner/ CEO of establishment:		Citizenship:	Domicile:
(04) Name of laboratory:			Date laboratory was established:
(05) Address of laboratory:			
Tel Nos.:		Fax Nos.:	
Tel Nos.:		E-mail:	
(06) Name of the head of the laboratory:		Citizenship:	Domicile:
(07) Business Permit No. (attach copy of business permit):	Date Issued:	Place Issued:	Expiration Date:
(08) Tax account no. of the laboratory/ establishment:			
(09) Scope of the desired recognition (specify type of samples e.g. water, wastewater, ambient air, stack emission, sediment and biota, etc., parameters and analytical method used by the laboratory). See DAO 98-63 Annex A-C for reference:			
Type of sample/s	Parameter/s		Analytical Method
- use additional sheet -			
(10) Mission statement or overview of the mandate of the establishment:			
Mission statement or overview of the mandate of the laboratory			

(11) Accreditation record of the laboratory (attach copy of accreditation certificate/s):						
Accrediting body/ Address		Nature/ scope of accreditation		Expiration date		
		- use additional sheet -				
(12) Technical and support personnel of the laboratory:						
Name	Highest Educational Attainment/ License No.	Position (Company)	No. of yrs. experience in env'tal analysis/ management	Relevant environmental samples analysed		Relevant training in env'tal analysis/ management (Title/ No. of hours)
				Sample Type/ Parameter	No. of samples	
- use additional sheet -						
(13) Scope and nature of work of the laboratory:						
Geographical area currently served by the laboratory regarding acceptance of testing work (restrictions):						
Categories of clients which use its services/ or whether the laboratory will accept testing work from: ρ government agencies ρ manufacturers ρ associated organisations only ρ its parent organisation only ρ others, specify _____			Other technical role / services offered by the laboratory e.g. ρ training ρ calibration ρ consulting services ρ design of pollution control or waste management system ρ research ρ EIS preparation ρ others, specify _____			
(14) Laboratory test report forms (attach copy of laboratory test report forms):						
(15) Reference literature available in the laboratory (attach list of reference literature available with complete bibliographic description):						
- use additional sheet -						
(16) Equipment calibration and maintenance program of the laboratory (attach detailed description of equipment calibration and maintenance program of the laboratory):						
- use additional sheet -						
(17) Quality assurance/ quality control program of the laboratory (attach detailed description of the quality assurance/ quality control program of the laboratory):						
- use additional sheet -						
(18) Track record of the laboratory:						
Type of Sample/s	Parameter	No. of samples analysed	Date covered			
- use additional sheet -						
(19) Pollution control and waste management practices adopted by the laboratory (attached detailed description of the waste management practices adopted by the laboratory) :						
- use additional sheet -						
(20) Floor plan of the laboratory and related facilities (attach floor plan scale (1:100):						

ELR Form 1

I hereby certify to the best of my knowledge and information, under penalty of law, to the truth and correctness of the above statement and that this application was prepared by me or under my personal jurisdiction.

(City/ Municipality, Province)

(Date)

Res. Cert. No. _____
Issued at _____
Issued on _____

(Signature above printed name of the
Head of the Laboratory)

Noted by: _____
(Signature above printed name of the
owner/ CEO of the establishment)
Date: _____

Res. Cert. No. _____
Issued at _____
Issued on _____

ACKNOWLEDGMENT

SUBSCRIBED AND SWORN TO before me this _____ day of _____,
affiant exhibiting his Residence Certificate as indicated above.

NOTARY PUBLIC

Doc. No _____
Page No. _____
Book No. _____
Series of _____