

Assessment Appraisal Form

ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM

Please complete one form per site visit and return this to:

Minnesota Department of Health
Environmental Laboratory Accreditation Program (MNELAP)
PO Box 64899
St. Paul, MN 55164-0899

Laboratory Name _____

USEPA ID _____ MDH-assigned ID _____

Today's Date _____

Assessment Dates _____

Names of Assessment Team members

Please answer the following questions.

Did the assessor conduct an opening and closing meeting to review the assessment process and expected timelines? Yes No

Was the assessment performed using the current, NELAP-approved standard and any relevant federal or state program requirements? Yes No

Were the time frames for the assessment realistic and achievable? Yes No

Do the findings support continual improvement in the laboratory (value-added)? Yes No

What single change would most improve the overall process?

What was the best aspect of the process?

Other comments or feedback?

651-201-5324
health.mnelap@state.mn.us
www.health.state.mn.us

ELAP-F-12 assessment appraisal form
rev. 1, revised: May 13, 2019

To obtain this information in a different format, call: 651-201-5324.