Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

Tuning Fork Laboratory Application For Certification

Type of Laboratory (check one) ☐ Stationary ☐ Mobile

Name of Laboratory _______________________________________________________________

Laboratory Physical Address _______________________________________________________

City, State, ZIP __________________________________________________________________

Mailing Address (if different) ______________________________________________________

City, State, ZIP __________________________________________________________________

Billing Address (if different) ______________________________________________________

City, State, ZIP __________________________________________________________________

Owner Primary Contact
Name ______________________________ Name ______________________________

Telephone __________________________ Telephone __________________________

Fax ________________________________ Fax _________________________________

Email ______________________________ Email ______________________________

For Mobile Facilities: Unique Mobile Laboratory Vehicle Identification _______________

Web Site (if applicable) _____________________________________________________________

Travel Directions and Business Hours _______________________________________________

Complete applications require ALL of the following forms / documents / records:

  o Tuning Fork Quality Manual and any documents (e.g., Standard Operating Procedures) referenced by the Quality Manual

  o Tuning Fork Quality Manual Checklist (DCLS Doc #6957), filled out by laboratory indicating page number & section number where each required element can be found

  o Tuning Fork Equipment List (DCLS Doc #6959)

  o Tuning Fork Personnel List (DCLS Doc #6960)

  o Demonstration of Capability records for primary analyst(s) as described in the DCLS Tuning Fork Protocol (DCLS Doc #2364)