



7508 Wisconsin Avenue, 4th Floor, Bethesda, MD 20814; 301-652-7925; www.wacel.org

APPLICATION FOR INSPECTION AGENCY AUDIT

1. Firm Seeking to be Audited _____
2. Address _____
_____ ZIP _____
3. Authorized Representative _____
4. Work Phone AC _____ Ext _____
Email: _____

If information about the inspection agency that differs from information conveyed in responses to items 1-4, complete items 5-9. Otherwise skip to item 10.

5. Inspection Agency Name _____
6. Physical Address _____
_____ ZIP _____
7. Authorized Representative _____
8. Rep's Work Phone: _____ Ext _____
email: _____
9. If the individual identified in item 4 is not the same as the one in item 8, should the Materials Review and Facilities Inspection Report be sent to the person identified in item 4, item 8 or both? (Circle one) 4 8 Both
10. How many persons employed at the applicant laboratory participate in:
 - a. soil observation testing _____
 - b. concrete observation and testing _____
 - c. other special inspection observation and testing services _____

11. Indicate the observation and testing services you provide (check all that apply):

_____soils _____concrete _____steel _____aggregate

_____masonry _____structural steel _____fireproofing

_____fire stopping

_____Other_____

12. Approximately when would you like the Facilities Inspection to occur?

13. Are you aware that Inspection Agency Audit team members and novices serve on a voluntary basis and may be unable to comply with your preferred schedule? (Circle one) Yes No

14. Are you aware that other organizations offer similar services and that these may be applied to if WACEL cannot handle your request promptly? (Circle one) Yes No

15. The fees associated with accreditation (which must accompany this application by check payable to WACEL) are based on the number of persons required to serve on the LAT. In most instances fees are:

WACEL Members \$1,000

Nonmembers \$5,000

The total amount due at this time, and provided herewith, is \$_____.

16. I understand that the scope of the audit involves the following:

- an examination of materials identified in Exhibit 3;
- a review of facilities during a Materials Review and Facilities Inspection (Exhibit 5);
- a possible reinspection to verify that deficiencies, if any, have been addressed to the satisfaction of the Inspection Agency Audit Team within 90 dates of the date of the MRFI Report;

- an annual audit to assure that the inspection agency continues to meet the requirements of the WACEL Inspection Agency Audit Program and
- the need to complete and return within 30 days of the first and second anniversary date of the accreditation a completed Certificate of Continued Compliance (Exhibit 4) signed by the Professional Engineer in charge of the agency (Circle one to signify your understanding of the scope of the program) Yes No

17. Do you understand that additional costs are associated with the Program? (These include the cost of Inspection Agency Audit Team participants' transportation to and from various meetings and the applicant laboratory, and their cost of meals for the Materials Review, Pre-Inspection and luncheon meetings, feasibly among others.)
Yes No

Do you understand that the applicant laboratory also is responsible for similar expenses of whatever Novice Members and/or Outside Observers may be assigned?

Do you understand that nonmembers are required to pay an additional fee and additional expenses if reinspection is required for any reason? (Circle one in response to all three questions) Yes No

18. Are you aware that WACEL may refuse to confirm the applicant inspection agency has complied with the requirements of the Audit program and his failure could result in loss of WACEL membership. If this occurs, you agree to pay all charges associated with the Audit program? (Circle one) Yes No
19. Have you read and become fully familiar with the WACEL document which describes the Quality Assurance Laboratory Audit Program? (Circle one) Yes No
20. Do you have authority to act on behalf of the firm herewith seeking an Audit? (Circle one) Yes No

21. Please read the following statement and add your initials where indicated only if you understand it and agree to bind to it the firm you represent:

I understand that this accreditation procedure is being entered into at the request of the firm I represent. I understand, also, that WACEL could feasibly face some liability exposure either from the firm I represent or from third parties who may, among many other things, claim the firm I represent was negligent and that WACEL's Audit program participation was accorded in a negligent manner. As to liability exposure as a result a of claim or action brought against WACEL by the firm I represent, the firm I represent herewith agrees to take no action whatsoever against WACEL or any of its agents, voluntary or paid, for implementation of procedures associated with the accreditation process. It is understood that WACEL, for reasons it considers valid, may refuse to confirm that the applicant Inspection Agency met the requirements of the Audit Program. Even though I or another representative of that Inspection Agency may disagree with WACEL's judgment or interpretation of facts, it is agreed WACEL's determination is final. It is understood, further, that WACEL will do its best to maintain confidentiality, but that it cannot and does not offer a guarantee that confidentiality will be maintained. And as to claims which may arise from any aspect of this Audit procedure, when such claims are brought against WACEL by any entity or person other than the firm I represent, this firm hereby declares that it shall hold harmless, indemnify and defend WACEL and/or any of its agents from and against any and all such claims, as well as any losses or damages WACEL and/or its agents may suffer as a result of such claims, demands, costs or judgments. Initials of Authorized Representative_____

22. By signature affixed below, I certify that I have read and understood WACEL's Inspection Agency Audit Program Guide, as well as this Audit application form, and that, by authority vested in me by the firm I represent, herewith bind my firm to all

terms and conditions of the Program as made clear in the Program Guide and to all terms and conditions made clear in this application form.

Signature_____

Date_____

RETURN THIS FORM WITH YOUR CHECK AND MATERIALS IN EXHIBIT 3

TO:

WACEL

7508 Wisconsin Avenue, 4th Floor

Bethesda, MD 20814