



AARST-NRPP™ Chamber Certification Application

Number: NRPP-AP-CH
Date Issued: 2015-11-10
Revision#: 1115-2
Reviewers: ED,GW
Approver: ED
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Submittal Date: \_\_\_\_\_

Chamber Type: Tertiary [ ] Secondary [ ] Radon Decay Product Chamber [ ]

Renewal Application [ ] Initial Application [ ] AARST-NRPP Chamber Number: \_\_\_\_\_

Name of Chamber Operations: \_\_\_\_\_

QA Officer: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/PR \_\_\_\_\_ Zip \_\_\_\_\_
Mailing address for all correspondence

Website: \_\_\_\_\_

Name of Firm/Organization (if different): \_\_\_\_\_

Responsible Party (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ ST/PR \_\_\_\_\_ Zip \_\_\_\_\_

I. Evidence is required for demonstrating compliance with AARST-NRPP™ program requirements and the AARST-NRPP™ Chamber Policy (attached), as applicable, in accordance with:

- a) Section 1.0 Radon Reference Chambers (secondary); or
b) Section 2.0 Tertiary Radon Chambers; or
c) Section 3.0 Radon Decay Product Chambers.



**II. All Initial and Renewal Applications Shall Include:**

- a. Evidence of quality assurance, quality control and traceable agreement with the national reference values for radon measurement that meets requirements of the AARST-NRPP™ chamber policy from two years prior to the application as demonstrated by instrument calibration(s) and chamber inter-comparison reports;
- b. Evidence of compliance with AARST-NRPP™ chamber policy and AARST-NRPP™ program requirements as represented and self-certified in Submittal Form B;
- c. Evidence of compliance with Federal, State and Local regulations, as applicable;
- d. Evidence of insurance or the ability to obtain insurance: The Chamber shall at all times maintain a professional environmental liability policy (also known as Errors and Omissions) with a single limit of a least \$500,000 per occurrence and any aggregate limit of not less than \$1,000,000.

The Chamber shall supply certificates of insurance that indicate the following certificate holders:

- AARST, PO Box 2019, Fletcher, NC 28732
- AARST-NRPP, PO Box 2019, Fletcher, NC 28732

The certificates of insurance shall include provisions for a 30-day cancellation notice to the certificate holders except for a 10-day notification for nonpayment of premium.

**III. Renewal Submissions Shall Also Include:**

- a. Reported changes or additions to previously submitted information. (See Submittal Form B)

**IV. Initial Submissions Shall Also Include:**

- a. Chamber Details and information sufficient to demonstrate compliance with AARST-NRPP™ chamber policy and AARST-NRPP™ program requirements (See Submittal Form B)
- b. If interim approval is requested and historical evidence for quality assurance and quality control compliance from two years prior to the initial application is not available to submit or does not comply with the NRPP chamber policy:
  - i. An evaluation can be made for completeness of AARST-NRPP™ program requirements and adequacy of existing quality assurance and quality control evidence as demonstrated by instrument calibration(s) and inter-comparison chamber reports.
  - ii. An Additional Chamber Calibration Report and application updates shall be provided within 10 months.
  - iii. Additional Inter-comparisons with a Secondary Chamber or National Reference Facility shall be provided within 18 months.

**V. Performance Testing (Radon Reference Chambers - secondary):**

- a. Radon Reference Chambers (secondary) shall develop written standard operating procedures for conducting performance tests that meet AARST-NRPP™ program requirements.



**VI. AARST-NRPP™ Chamber Application Submittal Form B**

The applicant self-certifies and warrants that the information submitted is true and correct.

		<i>Applicant supplied Information. Provide answers and descriptions of status and attachments.</i>		<i>This column reserved for NRPP staff</i>
Section Number	Requirement	Chamber Name:		
<b>.1 Compliance With Regulations</b> (Evidence of compliance with regulations)				<input type="checkbox"/> Complete
*	<b>i. ownership of radioactive materials</b>	<input type="checkbox"/> attached <input type="checkbox"/> n/a		
*	<b>ii. the discharging of radon gas into the environment</b>	<input type="checkbox"/> attached <input type="checkbox"/> n/a		
<b>.2 Quality Assurance/Quality Control Plan and SOP</b>				<input type="checkbox"/> Complete
	i. QA/QC plan	<input type="checkbox"/> attached		
	ii. Personnel	<input type="checkbox"/> on file		
	iii. SOP documents			
<b>.3 Radon Source</b>				<input type="checkbox"/> Complete
	Description of Radon Source	<input type="checkbox"/> attached <input type="checkbox"/> on file		
<b>.4 Chamber Size and Design</b>				<input type="checkbox"/> Complete
	i. Layout/Charts/Photos	<input type="checkbox"/> attached		
	ii. Airflow	<input type="checkbox"/> attached		
	iii. Normal Spike Capacity	<input type="checkbox"/> attached		
	iv. Charcoal Loading	<input type="checkbox"/> attached		
	vi. Other Details	<input type="checkbox"/> attached		
	.4.1 Homogeneous concentration throughout the chamber	<input type="checkbox"/> attached		
	.4.2 Gamma interference	<input type="checkbox"/> attached <input type="checkbox"/> n/a		
<b>.5 Required Intercomparisons</b>				
*	<b>.5.1 Intercomparisons (evidence from last 2 years)</b>	<input type="checkbox"/> attached		
*	<b>Previous intercomparisons if interim approval is requested.</b>	<input type="checkbox"/> attached <input type="checkbox"/> n/a		
<b>.6 Reference Systems and Monitoring Practices</b>				<input type="checkbox"/> Complete
*	<b>.6.1 Chamber Monitoring Instrumentation</b>	<input type="checkbox"/> attached <input type="checkbox"/> on file		
*	<b>.6.1.1 Traceability (Monitor Intercomparisons)</b>	<input type="checkbox"/> attached		
<b>.7 Control of Radon Concentrations</b>				<input type="checkbox"/> Complete
	<b>.7.1 Control of Concentrations (Variable Control)</b>	<input type="checkbox"/> attached <input type="checkbox"/> on file		
	<b>.7.2 Control of Concentration (Consistency Control)</b>	<input type="checkbox"/> attached <input type="checkbox"/> on file		



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Section Number	Requirement	Applicant supplied Information. Provide answers and descriptions of status and attachments		This column reserved for NRPP staff
<b>.8 Environmental Controls</b>				<input type="checkbox"/> Complete
	.8.1 Temperature	<input type="checkbox"/> attached		
	.8.2 Humidity	<input type="checkbox"/> on file		
	.8.3 Barometric Pressure			
<b>.9 Business Practices</b>				<input type="checkbox"/> Complete
	.9.1 Conflict of interest	<input type="checkbox"/> attached <input type="checkbox"/> on file		
	.9.4 Designer/Operator Educational Status	<input type="checkbox"/> attached <input type="checkbox"/> on file		
<b>Performance Testing Services</b> <i>Reference Chambers (Secondary) only:</i>				<input type="checkbox"/> Complete
	.2 SOP for performance tests.	<input type="checkbox"/> attached		
	.9.2 Conflicts of interest	<input type="checkbox"/> on file		
	.9.3 Concentrations / Durations			
	Sample notification form letter	<input type="checkbox"/> attached		
	Sample failure letter	<input type="checkbox"/> on file		
	Sample passing letter			
	Sample Price Sheets			
<b>Other Chamber Credentials (Optional)</b>				<input type="checkbox"/> Submitted
	Federal/State/Other Credential Reports	<input type="checkbox"/> attached <input type="checkbox"/> on file		
	Other Certifications (such as ISO or NELAC)	<input type="checkbox"/> attached <input type="checkbox"/> on file		
<b>Chamber Services Provided</b>				<input type="checkbox"/> Complete
	Clients	<input type="checkbox"/> In-house <input type="checkbox"/> Consumers		
	Services	<input type="checkbox"/> Spikes <input type="checkbox"/> Calibration <input type="checkbox"/> Proficiency <input type="checkbox"/> Other		
	Device Types	<input type="checkbox"/> CRM <input type="checkbox"/> Charcoal <input type="checkbox"/> Alpha track <input type="checkbox"/> Electret <input type="checkbox"/> Other		
	Sample Reports to Clients	<input type="checkbox"/> attached <input type="checkbox"/> on file		
<b>Program Business Requirements</b>				<input type="checkbox"/> Complete
*	Evidence of Insurance	<input type="checkbox"/> attached		
*	Application Fee	<input type="checkbox"/> attached		
*	Signed and Notarized Signature Page	<input type="checkbox"/> attached		

\* indicates minimum requirements for documentation to submit with renewal applications.





**My commission expires:**

**IX. Submittal of Chamber Applications**

Required in addition to all supporting documentation:

- a. A completed application with signed, and notarized signature page of this document
- b. Evidence of insurance or ability to obtain insurance as required for certification.
- c. A non-refundable application processing fee of \$600 is to be remitted with the chamber application.

After a chamber has submitted all documentation and has passed the initial requirements, as judged sufficient by the AARST-NRPP™, a certification fee of \$350 is to be remitted prior to final approval.

Submittals are to be sent to:

NRPP Chamber Qualification  
c/o AARST-NRPP Administrative Office  
PO Box 2109  
Fletcher, NC 28732