					WEST COAST COLLABORATIVE Public-private partnership to reduce diesel emissions	
Bridging the Biodiesel Gap						Procedure #
External laboratory verification form						

External Laboratory Verification Form

Laboratory Name: _____

Address: _____

Phone Number: _____

Lab Manager: _____

1) Does the laboratory participate in the ASTM (or equivalent) biodiesel cross-check program? Yes No

2) Does the laboratory have copies of the current ASTM D 6751 specification and of the test methods for the test being conducted in the internal laboratory? Yes No

Describe the process for ensuring the latest copies is being used.

3) Does the laboratory have all the required equipment and standards that are required for the biodiesel testing that is being conducted in the laboratory? Yes No

4) Does the laboratory calibrate the equipment and standardize reagents at least as frequently as required by the methods for testing product to D 6751 specifications?


Yes No

5) Does the laboratory maintain a lab specific calibration schedule for test methods where calibration frequency is not specified? Yes No

Describe that calibration schedule?

6) Is a record of calibrations and standardizations maintained by the laboratory?

Yes No

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Please provide a copy of the calibration schedule for the last year.

7) Does the laboratory utilize a training program that demonstrates competencies for testing product to D 6751 specifications? ___ Yes ___ No

Describe that training program.

8) Does the laboratory conduct internal audits of its processes? ___ Yes ___ No

Describe the internal audit frequency and process.

9) Does the laboratory collect and analyze appropriate data to demonstrate the effectiveness of the testing performance? ___ Yes ___ No

Please provide evidence of the data.

10) Does the laboratory maintain records that indicate biodiesel related test results that were produced by another external laboratory? ___ Yes ___ No

11) Does the laboratory retain samples of the biodiesel samples tested for a minimum of 60 days? ___ Yes ___ No

12) Do the laboratory's analytical results reference the test method specification and revision number? ___ Yes ___ No

13) Is the laboratory registered with any certifying body? ___ Yes ___ No



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If yes, please provide the name of the certifying body and the laboratory's registration number.

When submitting this form, attach sufficient objective evidence to verify compliance with the laboratory requirements 1-12 listed above. In addition submitting all testing quantities necessary include related costs and time frames for each test.

Are there any tests outside of the ASTM specs ie. AOCS soap test or European tests to be performed?

PREPARED BY: _____

SUPERVISOR _____

SIGNED: _____ **DATE:** _____

REMARKS: