Operator sub-contracting request form



Section A: Request (to be completed by the operator and communicated to SEPA)

Operator details										
Name		Date of I			quest					
Sub-contractor details NOTE: Individual request forms will be required for each separate sub-contractor an operator wishes to use.										
Name		Address		dress						
UKAS laboratory number										
List of determinands intended to be subd	contracted (extra lines	may be added)								
Determinand	Matrix	UKAS accredited	MDL required (including units)	Reporting MDL (including units)	PT provider	PT product code	Approved (FOR SEPA INTERNAL USE)			

Please email completed forms to: operator.monitoring@sepa.org.uk; with the subject line "MACS Operator Sub-contracting Request".

Operator sub-contracting request form



Section B: Admin. details (FOR SEPA INTERNAL USE ONLY)

Request information	Date of receipt	Date assessment completed	Operator notified	Notification date
Request information				

Q-Pulse information	Request logged	Date	Ву	Ref. no.