

Operator sub-contracting request form

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

Name		Date of request	
-------------	--	------------------------	--

Sub-contractor details

NOTE: Individual request forms will be required for each separate sub-contractor an operator wishes to use.

Name		Address	
UKAS laboratory number			

List of determinands intended to be subcontracted (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)
		Y / N					
		Y / N					
		Y / N					
		Y / N					
		Y / N					
		Y / N					
		Y / N					
		Y / N					
		Y / N					
		Y / N					
		Y / N					
		Y / N					

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
			Y / N	

Q-Pulse information	Request logged	Date	By	Ref. no.
	Y / N			