



PROFICIENCY TEST PLAN

Company Name: _____

Date Submitted to PJLA: _____

	SUB-SCOPE	PT PROGRAM**			PJLA APPROVAL?	ANTICIPATED COMPLETION DATE
		3 RD PARTY*	INTER-LAB	INTRA-LAB		
YEAR 1						
YEAR 2						
YEAR 3						
YEAR 4						

*All 3rd party programs must be Guide 43 accredited.

** If 3rd party proficiency testing cannot be conducted prior to assessment please contact PJLA to discuss equivalent alternatives.