APPENDIX E

Drinking Water Bureau
Drinking Water Laboratory Certification Program

SUPPLEMENTAL FORMS
Quarterly Quality Assurance Report for Microbiological Laboratories

Name of Laboratory: _____________________________________________________________

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of TC sample results reported</th>
<th>Number of TC samples rejected</th>
<th>Number of laboratory errors</th>
<th>Number of Total Coliform and E coli positive routine samples</th>
<th>Percent of results reported within 10 days of analysis</th>
<th>Totals for Quarter</th>
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Laboratory official signature: _______________________________ Date: __________
Drinking Water Laboratory Certification Program (DWLCP)
Subcontracted Laboratory (sub-lab) Request Form

Laboratories seeking to utilize another laboratory (sub-lab) for analyses must complete this form requesting the analytes and methods they are planning to subcontract out.

Person making request (name and title):

Requesting laboratory (primary): ________________________________

EPA Lab ID#: __________________

Address: ____________________________________________________

City: _______________ State: _______________ Zip: ________________

Phone number: _______________ Email: _________________________

Contact person(s): ____________________________________________

Sub-lab name: _______________________________________________

EPA Lab ID#: __________________

Address: ____________________________________________________

City: _______________ State: _______________ Zip: ________________

Phone number: _______________ Email: _________________________

Contact person(s): ____________________________________________

I understand it is the primary laboratory’s responsibility to ensure the sub-lab listed above is currently certified by the DWLCP for the analytes and methods requested. It is also the primary laboratory’s responsibility to ensure that all data from the sub-lab will be loaded into SDWIS. The primary laboratory is also responsible for all payments to the sub-lab.

Reason for request:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
Drinking Water Laboratory Certification Program (DWLCP)

Subcontracted Laboratory (sub-lab) Request Form

Length of request coverage: ___________________________________________

<table>
<thead>
<tr>
<th>Analyte Name</th>
<th>Analyte Code</th>
<th>Method</th>
<th>Approved</th>
<th>Initials</th>
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</table>

DWLCP representative (name and title):

___________________________________________________________

Signature: ____________________________________________ Date of approval: __________
Drinking Water Laboratory Certification Program

STANDARD OPERATING PROCEDURE REVIEW/REVISION SHEET

DATE: __________________________

SOP NAME: ___________________________________________________________________________

REVISION#: ______________________

I have reviewed the procedure indicated above and found that:

☐ No changes are needed at this time.

☐ Changes are needed. See attached.

_________________________________________ Date
(Person performing review)

_________________________________________ Date
(Person approving changes)

Comments:
_________________________________________
_________________________________________
_________________________________________
_________________________________________

DATE FOR NEXT REVIEW: ________________

Revision# 1.0 Date Revised: 9/20/2018