APPENDIX E

Drinking Water Bureau
Drinking Water Laboratory Certification Program

SUPPLEMENTAL FORMS

Quarterly Quality Assurance Report for Microbiological Laboratories

Name of Laboratory: _____

Month				Totals for Quarter
Number of TC sample results reported				
Number of TC samples rejected				
Number of laboratory errors				
Number of Total Coliform and E coli positive routine samples				
Percent of results reported within 10 days of analysis				

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: _____

Analyte Name	Analyte Code	Method	Approved	Initials

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.

_____ _____
(Person performing review) Date

_____ _____
(Person approving changes) Date

Comments:

_____
_____
_____
_____
_____

DATE FOR NEXT REVIEW: _____