

NEW MEXICO

ENVIRONMENT DEPARTMENT

Surface Water Quality Bureau

(SWQB)

|  |
| --- |
| **SWQB Follow Up Technical System Audit (TSA)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of Project:** | | **TSA Notification Date**: | |
|  |  | |  |
| **QAO:** | **Project Manager:** | | **Immediate Supervisor:** |
|  |  | |  |
| **Schedule Field Observation Date:** mm/dd/year | **Actual Field Observation Date:** mm/dd/year | | **Personnel Observed:** |
|  |  | |  |
| **Schedule Interview Date:** mm/dd/year | **Actual Interview Date:** mm/dd/year | | **Personnel Interviewed:** |
|  |  | |  |
| **Checklist Completion Date**: mm/dd/year | **Assessment Report Completion Date**: mm/dd/year | | **Corrective Action Plan Submitted**: mm/dd/year |
|  |  | |  |
| **Corrective Action Implemented Date**: mm/dd/year | |  | |

Compliance will be determined based on criteria detailed in approved project planning documents against discovery of information acquired through the TSA of an environmental program. Compliant column will be marked with yes, no, or deficient. If “yes” is marked, then no deficiency or finding will be documented. If “no” is marked, then a finding will be documented. If “deficient” is noted, then a deficiency will be documented. See SOP 16.1 *Technical System Audit* for definitions of deficiencies and findings.

**[Title of Project] Checklist for TSA**

|  |  |  |
| --- | --- | --- |
| **Documentation** | **Notes** | **Compliant (yes, no, or deficient** |
| Signed acknowledgment statement for SOP 16.1 TSA for the SWQB |  |  |
| Project Manager provided project planning document to QAO within 5 business days. |  |  |
| **Observations of Work Activities**  **(elements)** | **Notes** | **Compliant (yes, no, or deficient)** |
| Sample Process Design implemented as stated in project planning documents. |  |  |
| Sample Method implemented as stated in project planning documents. |  |  |
| Sample Handling and Custody implemented as stated in project planning documents. |  |  |
| Analytical Method implemented as stated in project planning documents. |  |  |
| Quality Control implemented as stated in planning project planning documents. |  |  |
| Instrument/Equipment Testing, Inspection, and Maintenance implemented as stated in project planning documents. |  |  |
| Instrument/Equipment Calibration and Frequency implemented as stated in project planning document. |  |  |
| Inspection/Acceptance of Supplies and Consumable implemented as stated in project planning documents. |  |  |
| Non-direct Measurements implemented as stated in project planning documents. |  |  |
| Data Management implemented as stated in project planning documents. |  |  |
| **Interview with Project Manager(s)**  **(elements)** | **Notes** | **Compliant (yes, no, or Nonexistent)** |
| Distribution list current and accurate as stated in QAPP |  |  |
| Project implemented as stated in the Project Task Description section of QAPP |  |  |
| Project DQI implemented as stated in QAPP |  |  |
| Training implemented and documented as stated in QAPP |  |  |
| Documents and records section of QAPP implemented as written in QAPP |  |  |
| Assessment and Response Actions implemented as stated in project planning documents. |  |  |
| Reports to Management implemented as stated in project planning documents. |  |  |
| Data Review, Verification and Validation criteria stated in project planning documents. |  |  |
| Data Verification and Validation criteria implemented as stated in project planning documents. |  |  |
| Reconciliation with User Requirements performed as stated in project planning documents. |  |  |
| Most recent SWQB QMP for Environmental Data Operations signed acknowledgement statement on file with QAO (if applicable) |  |  |
| Most recent SWQB QAPP for Water Quality Management Programs signed acknowledgement statement on file with QAO (if applicable) |  |  |
| QAPP specific signed acknowledgement statement on file with QAO (if applicable) |  |  |

**Assessment Report**

|  |
| --- |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
|  |

**Corrective Actions Needed (if needed)**

QA Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_