

# Cover Page:

## Quality Assurance Manual

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**Title Page:**

**Quality Assurance Manual  
Approval Signatures**



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01/23/08

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Date



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Technical Director, Bryce E. Stearns

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Date

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## SOPs AND POLICIES REFERRED TO IN THE QA MANUAL

SOP/Policy Reference	Title
CA-Q-S-001	Solvent and Acid Lot Testing and Approval
CA-Q-S-002	Acceptable Manual Integration Practices
CA-Q-S-003	Management of Change Procedure
CA-Q-S-004	Method Compliance & Data Authenticity Audits
CA-Q-S-005	Calibration Curves (General)
CW-Q-S-001	Corporate Document Control and Archiving
CW-Q-S-002	Writing a Standard Operating Procedure (SOPs)
CA-L-S-001	Internal Investigation of Potential Data Discrepancies and Determination for Data Recall
CA-L-S-002	Subcontracting Procedures
CA-L-P-001	Ethics Policy
CA-L-P-002	Contract Compliance Policy
CW-L-P-001	Record Retention
CW-F-P-002	Authorization Matrix
CA-C-S-001	Work Sharing Process
CA-T-P-001	Qualified Products List
CW-F-S-004	Controlled Purchases Policy

## SECTION 3

### INTRODUCTION (NELAC 5.1 - 5.3)

#### 3.1 INTRODUCTION AND COMPLIANCE REFERENCES

TestAmerica Burlington's Quality Assurance Manual (QAM) is a document prepared to define the overall policies, organization objectives and functional responsibilities for achieving TestAmerica's data quality goals. Each TestAmerica laboratory maintains a local perspective in its scope of services and client relations and maintains a national perspective in terms of quality.

The QAM has been prepared to assure compliance with the 2003 National Environmental Laboratory Accreditation Conference (NELAC) standards and ISO/IEC Guide 17025 (1999). In addition, the policies and procedures outlined in this manual are compliant with the various accreditation and certification programs listed in Appendix 5.

The QAM has been prepared to be consistent with the requirements of the following documents:

- EPA 600/4-88/039, *Methods for the Determination of Organic Compounds in Drinking Water*, EPA, Revised July 1991.
- EPA 600/R-95/131, *Methods for the Determination of Organic Compounds in Drinking Water*, Supplement III, EPA, August 1995.
- EPA 600/4-79-019, *Handbook for Analytical Quality Control in Water and Wastewater Laboratories*, EPA, March 1979.
- EPA SW-846, *Test Methods for the Evaluation of Solid Waste*, 3<sup>rd</sup> Edition, September 1986; Update I, July 1992; Update II, September 1994; and Update III, December 1996.
- Federal Register, 40 CFR Parts 136, 141, 172, 173, 178, 179 and 261.
- USEPA Contract Laboratory Program. *Statement of Work for Inorganics Analysis. Multi-Media, Multi-Concentration.*
- USEPA Contract Laboratory Program. *Statement of Work for Organics Analysis. Multi-Media, Multi-Concentration.*
- APHA, *Standard Methods for the Examination of Water and Wastewater*, 18<sup>th</sup> Edition, 19<sup>th</sup>, 20<sup>th</sup> and 21<sup>st</sup> Edition.
- U.S. Department of Defense, *Quality Systems Manual for Environmental Laboratories*, Final Version 3, January 2006.

#### 3.2 TERMS AND DEFINITIONS

A Quality Assurance Program is a company-wide system designed to ensure that data produced by Burlington conforms to the standards set by state and/or federal regulations. The program functions at the management level through company goals and management policies, and at the analytical level through Standard Operating Procedures (SOPs) and quality control. The TestAmerica program is designed to minimize systematic error, encourage constructive, documented problem solving, and provide a framework for continuous improvement within the organization.

Refer to Appendix 5 for the Glossary/Acronyms.

### **3.3 SCOPE / FIELDS OF TESTING**

TestAmerica Burlington analyzes hundreds of environmental and industrial samples every month. Sample matrices vary among air, drinking water, effluent water, groundwater, hazardous waste, tissue, sludge and soils. The Quality Assurance Program contains specific procedures and methods to test samples of differing matrices for chemical, physical and biological parameters. The Program also contains guidelines on maintaining documentation of analytical process, reviewing results, servicing clients and tracking samples through the laboratory. The technical and service requirements of all requests to provide analyses are thoroughly evaluated before commitments are made to accept the work. Measurements are made using published reference methods or methods developed and validated by the laboratory.

The methods covered by this manual include the most frequently requested water, air, industrial waste, and soil methodologies needed to provide analytical services in the United States and its territories. The specific list of test methods performed by the laboratory can be found on the company's website. The approach of this manual is to define the minimum level of quality assurance and quality control necessary to meet requirements. All methods performed by Burlington shall meet these criteria as appropriate. In some instances, quality assurance project plans (QAPPs), project specific data quality objectives (DQOs) or local regulations may require criteria other than those contained in this manual. In these cases, the laboratory will abide by the requested criteria following review and acceptance of the requirements by the Laboratory Director and the Quality Assurance (QA) Manager. In some cases, QAPPs and DQOs may specify less stringent requirements. The Laboratory Director and the QA Manager must determine if it is in the lab's best interest to follow the less stringent requirements.

### **3.4 MANAGEMENT OF THE MANUAL**

#### **3.4.1 Review Process**

The manual is reviewed annually by the QA Manager and laboratory personnel to assure that it reflects current practices and meets the requirements of Burlington's clients and regulators. Occasionally, the manual may need changes in order to meet new or changing regulations and operations. The QA Manager will review the changes in the normal course of business and incorporate changes into revised sections of the document. The updates will be reviewed by the QA Manager, Laboratory Director, Technical Director, relevant operational staff and Corporate Quality Assurance (if a change is made to the Corporate template) and then formally incorporated into the document in periodic updates. The QAM is based on a Corporate QAM Template that is prepared and approved by the Chief Operating Officers (COOs) and Corporate Quality Assurance. This template is reviewed annually by the COOs, Corporate Quality, and each laboratory. Necessary changes are coordinated by the Vice President of Quality and Environmental Health & Safety (EHS) and distributed to each laboratory for inclusion in the laboratory specific QA Manuals.

Policies in the QAM that require immediate attention may be addressed through the use of Corporate QA/QC Policy Memoranda. QA/QC Policy Memoranda are published from time to time to facilitate immediate changes to QA/QC Policy. QA/QC Policy Memoranda supersede the QAM and all other SOPs (refer to Section 5.3). All policy memoranda are dated, archived and distributed by their placement into the front of the QAM between the signature page and

Section 2. At a minimum, each policy memorandum is approved by the same authorized signatories as shown on the cover page of the QA Manual. In addition, Corporate QA/QC Policy Memoranda are signed by the COOs and VP of Quality and EHS. The QA/QC Policy Memoranda are incorporated into the QAM during the periodic updates. Policy memorandum may also include an expiration date if appropriate. An example format for the memorandum can be found in Figure 3-1.

Laboratory-specific QAM changes are approved and documented using the procedures described in the laboratory SOP for Document Control (SOP Number BR-QA-003).

### **3.4.2      Control**

This manual is considered confidential within TestAmerica and may not be altered in any manner by other than a duly appointed representative from TestAmerica. If the document has been provided to external users or regulators, it is for the exclusive purpose of reviewing Burlington's quality systems and shall not be used in any other way without the written permission of an appointed representative of TestAmerica. The procedure for control of distribution is incorporated by reference to the laboratory's SOP for Document Control (SOP Number BR-QA-003).

The order of precedence in the event of a conflict between policies is outlined in Section 5.3 of this Quality Assurance Manual.

**Figure 3-1.**

**Example - Format for a QA/QC Policy Memorandum**

**Corporate QA/QC Policy Memorandum # \_\_\_\_\_**

Effective Date: \_\_\_\_\_ Expiration Date: When Appropriate QAM Section is Revised

<b>Corporate:</b> <i>(Only needed for Corporate Memorandum)</i>			
_____	_____	_____	_____
COO - West	Date	Vice-President, QA and EHS	Date
_____	_____		
COO - East	Date		

1. **Purpose**
2. **Procedure**
3. **Attachments**
4. **References/Cross References**

## SECTION 4

### ORGANIZATION AND MANAGEMENT (NELAC 5.4.1)

#### 4.1 OVERVIEW

TestAmerica Burlington is part of a national network of laboratories known as TestAmerica. This Quality Assurance Manual (QAM) is applicable to the TestAmerica Burlington laboratory only.

**TestAmerica Burlington**  
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The Corporate organization chart can be found in Figure 4-1 and the laboratory's organization chart can be found in Appendix 2. The locations of other TestAmerica labs are as follows:

- Aerotech Environmental Laboratories (AEL)
- TestAmerica Anchorage
- TestAmerica Austin
- TestAmerica Buffalo
- TestAmerica Cedar Falls
- TestAmerica Chicago
- TestAmerica Connecticut
- TestAmerica Corpus Christi
- TestAmerica Dayton
- TestAmerica Denver
- TestAmerica Edison
- TestAmerica Honolulu
- TestAmerica Houston
- TestAmerica Irvine
- TestAmerica King of Prussia
- TestAmerica Knoxville
- TestAmerica Los Angeles
- TestAmerica Mobile
- TestAmerica Morgan Hill
- TestAmerica Nashville
- TestAmerica North Canton
- TestAmerica Ontario
- TestAmerica Orlando
- TestAmerica Pensacola
- TestAmerica Phoenix
- TestAmerica Pittsburgh
- TestAmerica Portland
- TestAmerica Richland
- TestAmerica San Francisco
- TestAmerica Savannah

TestAmerica Seattle  
TestAmerica Spokane  
TestAmerica St. Louis  
TestAmerica Tacoma  
TestAmerica Tallahassee  
TestAmerica Tampa  
TestAmerica Valparaiso  
TestAmerica Watertown  
TestAmerica West Sacramento  
TestAmerica Westfield

## **4.2 ROLES AND RESPONSIBILITIES**

In order for the Quality Assurance Program to function properly, all members of the staff must clearly understand and meet their individual responsibilities as they relate to the quality program. The following descriptions define each role in its relationship to the Quality Assurance Program. More extensive job descriptions are maintained by laboratory management.

### **4.2.1 Quality Assurance Program**

The responsibility for quality lies with every employee of TestAmerica Burlington. All employees have access to the QAM and are responsible for knowing the content of this manual and upholding the standards therein. Each person carries out his/her daily tasks in a manner consistent with the goals and in accordance with the procedures in this manual and the laboratory's SOPs.

### **4.2.2 President/Chief Executive Officer (CEO)**

The President/CEO is a member of the Board of Directors and is ultimately responsible for the quality and performance of all TestAmerica facilities. The President/CEO establishes the overall quality standard and data integrity program for the Analytical Division, providing the necessary leadership and resources to assure that the standard and integrity program are met.

### **4.2.3 Chief Operating Officer (COO)**

The COO serves as the ranking executive for all respective analytical laboratory operational functions and reports to the President/CEO of the Analytical Division. The COO is responsible for the daily management of all analytical laboratories, long-term planning and development of technical policies and management plans. The COO ensures the attainment of corporate objectives through the selection, development, motivation and evaluation of top management personnel. The COO approves all operating budgets and capital expenditures. The COO signs-off on the final QAM template that contains company policies for implementing the Quality Program.

### **4.2.4 General Manager (GM)**

Each GM reports directly to a COO. Each GM has full responsibility for the overall administrative and operational management of their respective laboratories. The GM's responsibilities include allocation of personnel and resources, long-term planning, setting goals, and achieving the

financial, business, and quality objectives of TestAmerica. The GM ensures timely compliance with corporate management directives, policies, and management systems reviews. The GM is also responsible for restricting any laboratory from performing analyses that cannot be consistently and successfully performed to meet the standards set forth in this manual.

#### **4.2.5 Vice President of Client and Technical Services**

The Vice President (VP) of Client and Technical Services reports directly of the President/CEO and is responsible for offerings to clients including quality assurance, environmental health and safety, risk management, technical assistance, legal compliance and contract administration. The VP of Client and Technical Services provides support and direction of the Executive Director and Directors of these areas, and supports the COO in decisions regarding long term planning, resource allocation and capital expenditures.

#### **4.2.6 Executive Director of Quality and Environmental Health and Safety (QA/EHS)**

The Executive Director of QA/EHS reports directly to the VP of Client and Technical Services. With the aid of the Senior Management Teams, Laboratory Director/ Managers, Quality Directors, EHS Directors, QA Managers and EHS Coordinators, the Executive Director-QA/EHS has the responsibility for the establishment, general overview and Corporate maintenance of the Quality Assurance and Environmental, Health and Safety Program within TestAmerica. Additional responsibilities include:

- Review of QA/QC aspects of Corporate SOPs, national projects and expansions or changes in services.
- Coordination/preparation of the Corporate QAM Template that is used by each laboratory to prepare its own laboratory-specific QAM.
- Maintenance of Corporate Policies, Quality Memorandums and SOPs. Maintenance of data investigation records that are reported to Corporate Management.
- Working with various organizations outside of TestAmerica to further the development of quality standards and represent TestAmerica at various trade meetings.
- Preparation of a monthly report that includes quality metrics across the Analytical Division and a summary of any quality related initiatives and issues.
- With the assistance of the Corporate Senior Management Team and the EHS Directors, development and implementation of the TestAmerica Environmental, Health and Safety Program.

#### **4.2.7 Quality Directors (Corporate)**

The Quality Directors report to the Executive Director-QA/EHS. Together with the Executive Director-QA/EHS, the Quality Directors have the responsibility for the establishment, general overview and maintenance of the Analytical Division's Quality Assurance Program within TestAmerica. The Quality Directors are responsible for:

- Oversight of the QA/QC programs within each laboratory. This includes a final review of each laboratory-specific QAM and receipt of each laboratory's QA monthly report.

- Working with management to develop a plan of correction when a laboratory's quality system is determined to be inadequate.
- Review of QA/QC aspects of national projects.
- Assistance with certification activities.
- Providing assistance as needed in the selection of Quality Assurance Managers and reviewing their effectiveness.

#### **4.2.8 Ethics and Compliance Officers (ECOs)**

TestAmerica has designated two senior members of the Corporate staff to fulfill the role of Ethics and Compliance Officer (ECO) –VP-Client and Technical Services and the Executive Director-QA/EHS. Each ECO acts as a back-up to the other ECO and both are involved when data investigations occur. Each ECO has a direct line of communication to the entire senior Corporate and lab management staff.

The ECOs ensure that the organization distributes the data integrity and ethical practices policies to all employees and ensures annual trainings and orientation of new hires to the ethics program and its policies. The ECO is responsible for establishing a mechanism to foster employee reporting of incidents of illegal, unethical, or improper practices in a safe and confidential environment.

The ECOs monitor and audit procedures to determine compliance with policies and to make recommendations for policy enhancements to the CEOs, COOs, Laboratory Director or other appropriate individuals within the laboratory. The ECO will assist the laboratory QA Manager in the coordination of internal auditing of ethical policy related activities and processes within the laboratory, in conjunction with the laboratory's regular internal auditing function.

The ECOs will also participate in investigations of alleged violations of policies and work with the appropriate internal departments to investigate misconduct, remedy the situation, and prevent recurrence of any such activity.

#### **4.2.9 Director of Technical Services**

The Director of Technical Services is responsible for establishing, implementing and communicating TestAmerica's Technical Policies, SOPs, and Manuals. Other responsibilities include conducting technical assessments as required, acting as a technical resource in national contracts review, coordinating new technologies, establishing best practices, advising staff on technology advances, innovations, and applications.

#### **4.2.10 Chief Information Officer (CIO)**

The CIO is responsible for establishing, implementing and communicating TestAmerica's Information Technology (IT) Policies, SOPs and Manuals. Other responsibilities include coordinating new technologies, development of electronic communication tools such as TestAmerica's intranet and internet sites, ensuring data security and documentation of software, ensuring compliance with the NELAC standard, and assistance in establishing, updating, and maintaining Laboratory Information Management Systems (LIMS) at the various TestAmerica facilities.

#### **4.2.11 Environmental Health and Safety Directors (EHSDs) (Corporate)**

The EHSDs report directly to the Executive Director-QA/EHS. The EHSDs are responsible for the development and implementation of the TestAmerica Environmental, Health and Safety program. Responsibilities include:

- Consolidation and tracking all safety and health-related information and reports for the company, and managing compliance activities for TestAmerica locations.
- Coordination/preparation of the corporate Environmental, Health and Safety Manual Template that is used by each laboratory to prepare its own laboratory-specific Safety Manual/ CHP.
- Preparation of information and training materials for laboratory EHS Coordinators.
- Assistance in the internal and external coordination of employee exposure and medical monitoring programs to insure compliance with applicable safety and health regulations.
- Serving as Department of Transportation (D.O.T.) focal point and providing technical assistance to location management.
- Serving as Hazardous Waste Management main contact and providing technical assistance to location management.

#### **4.2.12 Laboratory Director**

TestAmerica Burlington's Laboratory Director (LD) is responsible for the overall quality, safety, financial, technical, human resource and service performance of the whole laboratory and reports to their respective GM. The LD provides the resources necessary to implement and maintain an effective and comprehensive Quality Assurance and Data Integrity Program.

The LD oversees the daily operations of the laboratory. The LD responsibilities include supervision of staff, setting goals and objectives for both the business and the employees, and achieving the financial, business, technical and quality objectives of the laboratory. The LD ensures timely compliance with audits and corrective actions, and is responsible for maintaining a working environment that encourages open, constructive problem solving for continuous improvement.

#### **4.2.13 Quality Assurance Manager (QAM)**

The QAM reports to the Laboratory Director and has an indirect reporting relationship to the Corporate QA Director. The QAM is independent of laboratory operations and is responsible for the development and implementation of the laboratory quality system. The QAM responsibilities include ensuring that the laboratory's quality system meets the requirements set forth in company policy and procedure, providing quality systems training to all new personnel, maintaining document control, and performing or overseeing systems, data, special and external audits. The QAM performs or supervises the maintenance of QA records, the maintenance of certifications and accreditations, the submission of monthly QA reports, and assists in reviewing new work as needed. The QAM has the final authority to accept or reject data, and to stop work in progress in the event that procedures or practices compromise the validity and integrity of analytical data. The QAM is available to any employee at the facility to resolve data quality or ethical issues.

#### **4.2.14 Technical Director (TD)**

The Technical Director reports to the Laboratory Director and has overall responsibility for a defined portion of the technical operations of the laboratory. The Technical Director solves day to day technical issues, provides technical training and guidance to laboratory staff, project managers, and clients, investigates technical issues identified by QA, and directs evaluation of new methods.

#### **4.2.15 Customer Service Manager (CSM)**

The Customer Service Manager reports to the Laboratory Director and is responsible for supervision of the project management staff. The CSM compiles and interprets the receipts forecast and tracks and maintains information for various revenue reports. The CSM is responsible for the evaluation and preparation of bids and proposals for new business opportunities and overseeing the project management bid activity for existing client base.

#### **4.2.16 Project Manager (PM)**

The Project Manager(s) reports to the Customer Service Manager and is responsible for direct communication with the client, coordination of laboratory services, work scheduling and dissemination of project requirements to the laboratory operation. The PM writes project narratives, performs tertiary data review, investigates and resolves technical and service related issues that arise during the course of the project.

#### **4.2.17 Department Manager/Supervisor/Coordinator**

The Department Manager(s) reports to the Laboratory Director. The Department Manager has responsibilities for a defined portion of the laboratory that include work scheduling, development, execution and supervision of analytical procedures including SOP review and revision, secondary data review, staff training, goal setting and monitoring lab activities to achieve the quality objectives set forth in the LQM and standard operating procedures. A department supervisor or coordinator may be designated by the Department Manager to perform some of these job responsibilities. Department Supervisors or Coordinators report to the Department Manager.

#### **4.2.18 Chemist/Analyst**

Chemists and analysts report to the respective Department Manager or Supervisor and are responsible for analysis of samples and generation of analytical data in accordance with the requirements set forth in the LQM, written standard operating procedures, and project specifications.

#### **4.2.19 Sample Custodian**

The Sample Custodian(s) report to the respective Section Manager and is responsible for the receipt and handling of samples within the laboratory. Responsibilities include adherence to the laboratory sample acceptance policy, initiation of internal chain of custody, when needed, sample log-in and tracking, sample security and storage, and sample disposal.

#### **4.2.20 IT Staff**

The IT Staff are responsible for the design and maintenance of the laboratory's computer hardware and software. Responsibilities include preparation and maintenance of the Information Systems Quality Manual (ISQM), implementation and validation of new data

systems, network administration, hardware and software maintenance, review, generation and implementation of electronic data deliverables (EDD) and the provision of technical support and training to all laboratory staff.

**4.2.21 Environmental Health & Safety Coordinator**

The Employee Health and Safety Coordinator is responsible for administering the EH&S program in order to provide a safe, healthy working environment for all employees. The EH&S Coordinator responsibilities include the monitoring of all work areas to detect unsafe conditions, acts, and potential hazards, enforcement of environmental, health, and safety policies and procedures and ensuring regulatory compliance with local, state, and federal laws. The EH& S Coordinator provides safety and health recommendations to laboratory management in conjunction with the facility safety committee, develops the facility Integrated Contingency Plan and coordinates the facility's Emergency Response Team.

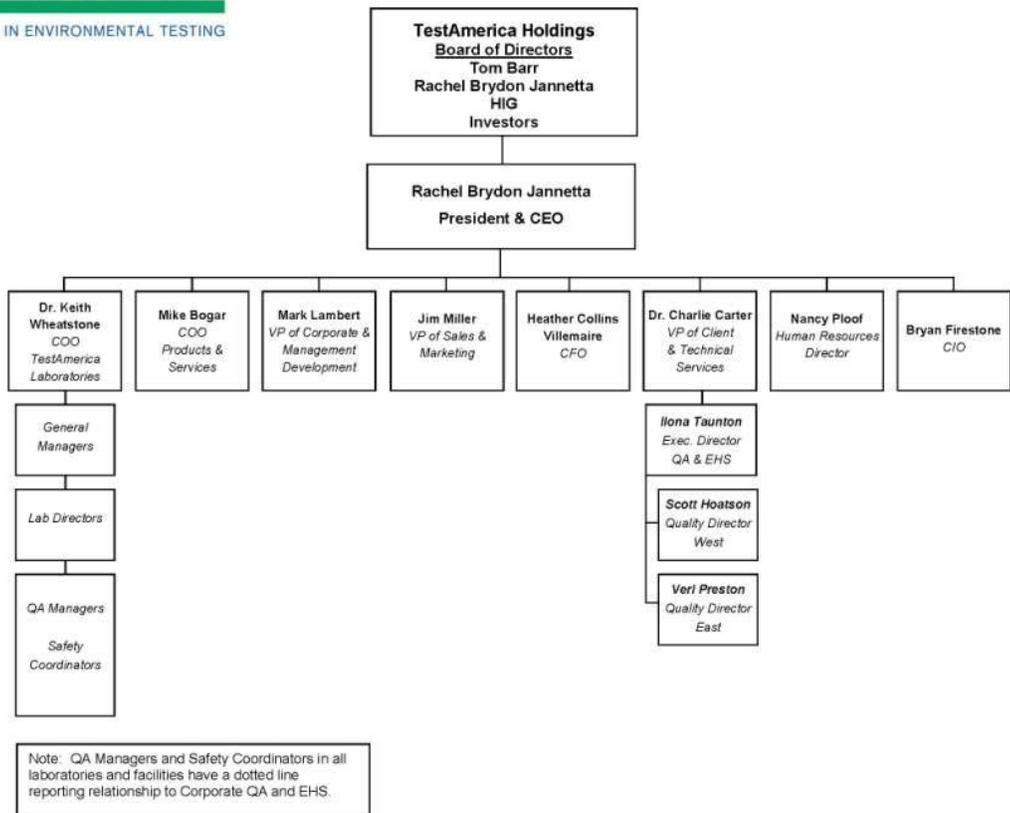
**4.3 DEPUTIES**

The following table defines who assumes the responsibilities of key personnel in their absence:

Key Personnel	Deputy	Comment
Laboratory Director	Customer Service Manager Quality Assurance Manager Technical Director	In the absence of the LD, the LD's responsibilities are shared between the CSM, QAM and TD as appropriate.
QA Manager	Laboratory Director Quality Assurance Specialist	
Technical Director	Laboratory Director	
Customer Service Manager	Laboratory Director	
Section Manager	Laboratory Director	
EHS Coordinator	Technical Director	

Figure 4-1.

Corporate Organization Chart



## SECTION 5

### QUALITY SYSTEM (NELAC 5.4.2)

#### 5.1 QUALITY POLICY STATEMENT

The management of TestAmerica and TestAmerica Burlington are committed to providing data of known quality to its clients by adhering to approved methodologies, regulatory requirements and the QA/QC protocols described in this manual.

In all aspects of the laboratory and business operations, management is dedicated in maintaining the highest ethical standards. An Ethics Policy sign-off can be viewed in Appendix 1. Training on ethical and legal responsibilities is provided annually and each employee signs off annually on the policy as a condition of employment.

It is TestAmerica's Policy to continually improve systems and provide support to quality improvement efforts in laboratory, administrative and managerial activities. The company recognizes that the implementation of a quality assurance program requires management's commitment and support as well as the involvement of the entire staff.

TestAmerica Burlington strives to provide clients with the highest level of professionalism and the best service practices in the industry.

Every staff member at TestAmerica Burlington plays an integral part in quality assurance and is held responsible and accountable for the quality of their work. It is, therefore, required that all laboratory personnel are trained and agree to comply with applicable procedures and requirements established by this document.

#### 5.2 ETHICS AND DATA INTEGRITY

TestAmerica is committed to ensuring the integrity of its data and meeting the quality needs of its clients. The 7 elements of TestAmerica's Ethics and Data Integrity Program include:

- An Ethics Policy (Policy No. CA-L-P-001) and employee ethics statements (Appendix 1).
- An Ethics and Compliance Officer (ECO).
- A training program.
- Self-governance through disciplinary action for violations.
- A confidential mechanism for anonymously reporting alleged misconduct and a means for conducting internal investigations of all alleged misconduct. (SOP No. CA-L-S-001)
- Procedures and guidance for recalling data if necessary (SOP No. CA-L-S-001).
- An effective external and internal monitoring system that includes procedures for internal audits (Section 16).

As an American Council of Independent Laboratories (ACIL) member, all TestAmerica laboratories adhere to the following ACIL Code of Ethics:

- Produce results, which are accurate and include QA/QC information that meets client pre-defined Data Quality Objectives (DQOs).
- Present services in a confidential, honest and forthright manner.
- Provide employees with guidelines and an understanding of the ethical and quality standards of our industry.
- Operate our facilities in a manner that protects the environment and the health and safety of employees and the public.
- Obey all pertinent federal, state and local laws and regulations and encourage other members of our industry to do the same.
- Educate clients as to the extent and kinds of services available.
- Assert competency only for work for which adequate personnel and equipment are available and for which adequate preparation has been made.
- Promote the status of environmental laboratories, their employees, and the value of services rendered by them.

### **5.3 QUALITY SYSTEM SUPPORTING DOCUMENTATION**

The laboratory's Quality System is communicated through a variety of documents prepared by the laboratory and company management:

- Quality Assurance Manual (QAM) Template
- Quality Assurance Manual – Each laboratory has a lab specific quality assurance manual.
- Corporate SOPs and Policies - Corporate SOPs and Policies are developed for use by all relevant laboratories. They are incorporated into the laboratory's normal SOP distribution, training and tracking system. Corporate SOPs may be general or technical.
- Work Instructions - A subset of procedural steps, tasks or forms associated with an operation of a management system (e.g., checklists, preformatted bench sheets, forms).
- Laboratory SOPs – General and Technical
- Corporate TestAmerica QA/QC Policy Memorandums (Refer to Section 3.4).
- Laboratory QA/QC Policy Memorandums (Refer to Section 3.4).

#### **5.3.1 Order of Precedence**

In the event of a conflict or discrepancy between policies, the order of precedence is as follows:

- TestAmerica QA/QC Policy Memorandum - Corporate
- Laboratory QA/QC Policy Memorandum
- Quality Assurance Manual
- Corporate SOPs and Policies
- Laboratory SOPs and Policies

- Other (Work Instructions (WI), memos, flow charts, etc.)

#### **5.4 QA/QC OBJECTIVES FOR THE MEASUREMENT OF DATA**

Quality Assurance (QA) and Quality Control (QC) are activities undertaken to achieve the goal of producing data that accurately characterize the sites or materials that have been sampled. Quality Assurance is generally understood to be more comprehensive than Quality Control. Quality Assurance can be defined as the integrated system of activities that ensures that a product or service meets defined standards.

Quality Control is generally understood to be limited to the analyses of samples and to be synonymous with the term "*analytical quality control*". QC refers to the routine application of statistically based procedures to evaluate and control the accuracy of results from analytical measurements. The QC program includes procedures for estimating and controlling precision and bias and for determining reporting limits.

Request for Proposals (RFPs) and Quality Assurance Project Plans (QAPP) provide a mechanism for the client and the laboratory to discuss the data quality objectives in order to ensure that analytical services closely correspond to client needs. QAPPs are most often developed by the client. In order to ensure the ability of the laboratory to meet the Data Quality Objectives (DQOs) specified in the QAPP, clients are advised to allow time for the laboratory to review the QAPP before being finalized. Additionally, the laboratory will provide support to the client for developing the sections of the QAPP that concern laboratory activities.

Historically, laboratories have described their QC objectives in terms of precision, accuracy, representativeness, comparability, completeness, selectivity and sensitivity (PARCCSS).

##### **5.4.1 Precision**

The laboratory objective for precision is to meet the performance for precision demonstrated for the methods on similar samples and to meet data quality objectives of the EPA and/or other regulatory programs. Precision is defined as the degree of reproducibility of measurements under a given set of analytical conditions (exclusive of field sampling variability). Precision is documented on the basis of replicate analysis, usually duplicate or matrix spike (MS) duplicate samples. The calculation of precision is described in Section 25.

##### **5.4.2 Accuracy**

The laboratory objective for accuracy is to meet the performance for accuracy demonstrated for the methods on similar samples and to meet data quality objectives of the EPA and/or other regulatory programs. Accuracy is defined as the degree of bias in a measurement system. Accuracy may be documented through the use of laboratory control samples (LCS) and/or MS. A statement of accuracy is expressed as an interval of acceptance recovery about the mean recovery. The calculation of accuracy is described in Section 25.

#### **5.4.3 Representativeness**

The laboratory objective for representativeness is to provide data which is representative of the sampled medium. Representativeness is defined as the degree to which data represent a characteristic of a population or set of samples and is a measurement of both analytical and field sampling precision. The representativeness of the analytical data is a function of the procedures used in procuring and processing the samples. The representativeness can be documented by the relative percent difference between separately procured, but otherwise identical samples or sample aliquots.

The representativeness of the data from the sampling sites depends on both the sampling procedures and the analytical procedures. The laboratory may provide guidance to the client regarding proper sampling and handling methods in order to assure the integrity of the samples.

#### **5.4.4 Comparability**

The comparability objective is to provide analytical data for which the accuracy, precision, representativeness and reporting limit statistics are similar to these quality indicators generated by other laboratories for similar samples, and data generated by the laboratory over time.

The comparability objective is documented by inter-laboratory studies carried out by regulatory agencies or carried out for specific projects or contracts, by comparison of periodically generated statements of accuracy, precision and reporting limits with those of other laboratories, and by the degree to which approval from the US EPA or other pertinent regulatory agencies is obtained for any procedure for which significant modifications have been made.

#### **5.4.5 Completeness**

The completeness objective for data is 90% (or as specified by a particular project), expressed as the ratio of the valid data to the total data over the course of the project. Data will be considered valid if they are adequate for their intended use. Data usability will be defined in a QAPP, project scope or regulatory requirement. Data validation is the process for reviewing data to determine its usability and completeness. If the completeness objective is not met, actions will be taken internally and with the data user to improve performance. This may take the form of an audit to evaluate the methodology and procedures as possible sources for the difficulty or may result in a recommendation to use a different method.

#### **5.4.6 Selectivity**

Selectivity is defined as: The capability of a test method or instrument to respond to a target substance or constituent in the presence of non-target substances. Target analytes are separated from non-target constituents and subsequently identified/detected through one or more of the following, depending on the analytical method: extractions (separation), digestions (separation), interelement corrections (separation), use of matrix modifiers (separation), specific retention times (separation and identification), confirmations with different columns or detectors (separation and identification), specific wavelengths (identification), specific mass spectra (identification), specific electrodes (separation and identification), etc..

#### **5.4.7 Sensitivity**

Sensitivity refers to the amount of analyte necessary to produce a detector response that can be reliably detected (Method Detection Limit) or quantified (Reporting Limit).

### **5.5 CRITERIA FOR QUALITY INDICATORS**

The laboratory prepares a Control Limit Summary for each test method that lists the precision and accuracy limits for analyses performed at TestAmerica Burlington. This summary is provided in individual test method SOPs and is updated when new limits are generated. The effective date of use of the control limits published in test methods SOPs is the same date as the effective date of the SOP. The control limits for some methods are derived from published reference methods. Where mandated method limits are not required, TestAmerica Burlington has developed limits from evaluation of data from similar matrices. Criteria for development of control limits are contained in Section 25.

### **5.6 STATISTICAL QUALITY CONTROL**

Statistically-derived precision and accuracy limits are required by selected methods (such as SW-846) and programs [such as the Ohio Voluntary Action Plan (VAP)]. TestAmerica Burlington routinely utilizes statistically-derived limits to evaluate method performance and determine when corrective action is appropriate.

When a method requires the generation of historical limits, the lab develops such limits from recent data in the QC database following the guidelines described in Section 25. All calculations and limits are documented and dated when approved and effective. Control limits for surrogates are determined from sample data for a specific time period as defined above.

If a method requires the use of the limits published in the method, the laboratory will use the method limits. On occasion, a client may request contract-specified limits for a specific project and in those instances the laboratory will use the contract specified limits.

QC limits are published in each test method SOP and unless otherwise specified for individual projects, laboratory analysts are instructed to use the limits published in the SOP to assess data. The Quality Assurance department maintains the archive of retired SOPs which provide the control limits used by the laboratory during the time period for which the SOP version was in use.

The laboratory's procedures for the generation of control limits are further described in laboratory SOP BR-QA-013.

#### **5.6.1 QC Charts**

As the QC limits are calculated, QC charts are generated showing warning and control limits for the purpose of evaluating trends. The QA Manager evaluates these to determine if adjustments need to be made or for corrective actions to methods. All findings are documented and kept on file. The laboratory's procedure for the evaluation of QC charts is described in laboratory SOP BR-QA-013.

## **5.7 QUALITY SYSTEM METRICS**

In addition to the QC parameters discussed above, the entire Quality System is evaluated on a monthly basis through the use of specific metrics (refer to Section 17). These metrics are used to drive continuous improvement in the laboratory's Quality System.

## SECTION 6

### DOCUMENT CONTROL (NELAC 5.4.3)

#### 6.1 OVERVIEW

The QA Department is responsible for the control of documents used in the laboratory to ensure that approved, up-to-date documents are in circulation and out-of-date (obsolete) documents are archived or destroyed. The following documents, at a minimum, must be controlled at each laboratory Facility:

- Laboratory Quality Assurance Manual
- Laboratory Standard Operating Procedures (SOP)
- Laboratory Policies
- Work Instructions and Forms
- Corporate Policies and Procedures distributed outside the intranet

The Corporate staff posts Corporate Manuals, SOPs, Policies, Work Instructions, White Papers and Training Materials on the company intranet site. These are collectively termed “Official Documents” and encompass the Policies and Procedures that all facilities are required to employ. These official documents are only considered controlled when they are read on the company intranet site. Printed copies are considered uncontrolled unless the laboratory physically distributes them as controlled documents. A detailed description of the procedure for issuing, authorizing, controlling, distributing, and archiving official documents is found in Corporate SOP No. CW-Q-S-001, Corporate Document Control and Archiving and in laboratory SOP BR-QA-003.

The laboratory QA Department also maintains access to various references and document sources integral to the operation of the laboratory. These documents may include but are not limited to reference methods and regulations. Instrument manuals are also maintained by the laboratory.

The laboratory maintains control of records for raw analytical data and supporting records such as audit reports and responses, logbooks, standard logs, training files, MDL studies, Proficiency Testing (PT) studies, certifications and related correspondence, and corrective action reports. Raw analytical data consists of bound logbooks, instrument printouts, any other notes, magnetic media, electronic data and final reports. Discussion on records control is described in Section 15.

The maintenance of purchasing data is discussed in Section 9.

The maintenance of sales and marketing contracts is discussed in Section 7.

#### 6.2 DOCUMENT APPROVAL AND ISSUE

The pertinent elements of a control system for each document include a unique name and number, the number of pages of the item, the effective date, revision number and the laboratory’s name. The QA department is responsible for the maintenance of the system.

Controlled documents are authorized by the QA Department. To establish a new document, any laboratory employee may create and submit an electronic draft of a document to their department manager. The department manager will subsequently review the document and submit the electronic draft of the document to the QA Department for final review and approval. Upon approval, QA personnel add identifying version information to the document and retain the official document on file. The official document is provided as needed to those using it. Controlled documents shall be available at all locations where the operational activity described in the document is performed. Controlled documents are identified as such and records of their distribution are kept by the QA Department. Document control may be achieved by either electronic or hardcopy distribution.

The QA Department maintains a list of the official versions of controlled documents.

Quality System Policies and Procedures are reviewed at a minimum of every two years and revised as appropriate except for QA policy and procedures applicable to drinking water or DoD programs, which are reviewed annually. More frequent changes to documents are made when a procedural change warrants a revision of the document.

### **6.3 PROCEDURES FOR DOCUMENT CONTROL POLICY**

For changes to the QA Manual, refer to the laboratory and corporate SOP for document control, SOPs BR-QA-003 and CW-Q-S-001, respectively. Uncontrolled copies of controlled documents must not be used within the laboratory. Obsolete revisions are stored by the QA department.

For changes to SOPs, refer to corporate SOP CW-Q-S-002 Writing a Standard Operating Procedure (SOP).

Electronic versions of forms, worksheets, work instructions and information are organized by laboratory section and maintained by the QA department. The procedure for the care of these documents is further described in laboratory SOP BR-QA-003.

### **6.4 OBSOLETE DOCUMENTS**

All invalid or obsolete documents are removed, or otherwise prevented from unintended use. The laboratory has specific procedures as described above to accomplish this. In general, obsolete documents are collected from employees according to distribution lists and are marked obsolete on the cover or destroyed. At least one copy of the obsolete document is archived as described in Section 15.

## SECTION 7

### REVIEW OF WORK REQUEST

#### 7.1 OVERVIEW

TestAmerica Burlington has established procedures for the review of work requests and contracts, oral or written. The procedures include evaluation of the laboratory's capability and resources to meet the contract's requirements within the requested time period. All requirements, including the methods to be used, must be adequately defined, documented and understood. For many environmental sampling and analysis programs, testing design is site or program specific and does not necessarily "fit" into a standard laboratory service or product. It is TestAmerica's intent to provide both standard and customized environmental laboratory services to our clients.

A thorough review of technical and QC requirements contained in contracts is performed to ensure project success. The appropriateness of requested methods, and the lab's capability to perform them must be established. Projects, proposals and contracts are reviewed for adequately defined requirements and TestAmerica's capability to meet those requirements. Alternate test methods that are capable of meeting the clients' requirements may be proposed by the lab. A review of the lab's capability to analyze non-routine analytes is also part of this review process.

All projects, proposals and contracts are reviewed for the client's requirements in terms of compound lists, test methodology requested, sensitivity (detection and reporting levels), accuracy, and precision requirements (% Recovery and RPD). The reviewer ensures that the laboratory's test methods are suitable to achieve these regulatory and client requirements and that the laboratory holds the appropriate certifications and approvals to perform the work. The laboratory and any potential subcontract laboratories must be certified, as required, for all proposed tests.

The laboratory must determine if it has the necessary physical, personnel and information resources to meet the contract, and if the personnel have the expertise needed to perform the testing requested. Each proposal is checked for its impact on the capacity of the laboratory's equipment and personnel. As part of the review, the proposed turnaround time will be checked for feasibility.

Electronic or hard copy deliverable requirements are evaluated against the lab's capacity for production of the documentation.

If the laboratory cannot provide all services but intends to subcontract such services, whether to another TestAmerica facility or to an outside firm, this will be documented and discussed with the client prior to contract approval. (Refer to Section 8 for Subcontracting Procedures.)

The laboratory informs the client of the results of the review if it indicates any potential conflict, deficiency, lack of accreditation, or inability of the lab to complete the work satisfactorily. Any discrepancy between the client's requirements and TestAmerica's capability to meet those requirements is resolved in writing before acceptance of the contract. It is necessary that the

contract be acceptable to both the laboratory and the client. Amendments initiated by the client and/or TestAmerica, are documented in writing.

All contracts, QAPPs, Sampling and Analysis Plans (SAPs), contract amendments, and documented communications become part of the project record.

The review process is repeated when there are amendments to the original contract by the client, and the participating personnel are informed of the changes.

## **7.2 REVIEW SEQUENCE AND KEY PERSONNEL**

Appropriate personnel will review the work request at each stage of evaluation.

For routine projects and other simple tasks, a review by the Project Manager (PM) is considered adequate. The PM confirms that the laboratory has any required certifications, that it can meet the clients' data quality and reporting requirements and that the lab has the capacity to meet the clients turn around needs.

For new, complex or large projects, the proposed contract is given to the National Account Director, who will decide which lab will receive the work based on the scope of work and other requirements, including certification, testing methodology, and available capacity to perform the work. The contract review process is outlined in SOP No. CA-L-P-002, Contract Compliance Policy.

This review encompasses all facets of the operation. The scope of work is distributed to the following personnel, as needed based on scope of contract, to evaluate all of the requirements shown above.

- Legal & Contracts Director
- General Manager
- The Laboratory Customer Service Manager
- Laboratory and/or Corporate Technical Directors
- Laboratory Department Managers
- Laboratory and/or Corporate Information Technology Staff
- Regional and/or National Account representatives
- Laboratory and/or Corporate Quality
- Laboratory and/or Corporate Environmental Health and Safety Managers/Directors
- The Laboratory Director reviews the formal laboratory quote and makes final acceptance for their facility.

The National Account Director, Legal Contracts Director, or local account representative then submits the final proposal to the client.

In the event that one of the above personnel is not available to review the contract, his or her back-up will fulfill the review requirements.

The Legal & Contracts Director maintains copies of all signed contracts. A copy of the signed contract is also maintained in the laboratory by the designated Project Manager.

### **7.3 DOCUMENTATION**

Appropriate records are maintained for every contract or work request. All stages of the contract review process are documented and include records of any significant changes.

Records are maintained of pertinent discussions with a client relating to the client's requirements or the results of the work during the period of execution of the contract. The PM keeps a phone log of conversations with the client and maintains documentation of all project correspondence, such as email, etc. with the project record.

#### **7.3.1 Project-Specific Quality Planning**

Communication of contract specific technical and QC criteria is an essential activity in ensuring the success of site specific testing programs. To achieve this goal, Test America Burlington assigns a PM to each client. The PM is the first point of contact for the client. It is the PM's responsibility to ensure that project specific technical and QC requirements are effectively evaluated and communicated to the laboratory personnel before and during the project. QA department involvement may be needed to assist in the evaluation of custom QC requirements.

PM's are the direct client contact and they ensure resources are available to meet project requirements. Although PM's do not have direct reports or staff in production, they coordinate opportunities and work with laboratory management to ensure available resources are sufficient to perform work for the client's project. Project management is positioned between the client and laboratory resources.

Prior to work on a new project, the dissemination of project information and/or project opening meetings may occur to discuss schedules and unique aspects of the project. Items to be discussed may include the project technical profile, turnaround times, holding times, methods, analyte lists, reporting limits, deliverables, sample hazards, or other special requirements. The PM introduces new projects to the laboratory staff through project kick-off meetings or to the supervisory staff during production meetings. These meetings provide direction to the laboratory staff in order to maximize production and client satisfaction, while maintaining quality. In addition, project notes may be associated with each sample batch as a reminder upon sample receipt and analytical processing.

During the project, any change that may occur within an active project is agreed upon between the client/regulatory agency and the PM/laboratory. These changes (e.g., use of a non-standard method or modification of a method) and approvals must be documented prior to implementation. Documentation pertains to any document, e.g., letter, e-mail, variance, contract addendum, which has been signed by both parties.

Such changes are also communicated to the laboratory during production meetings. Such changes are updated to the project notes and are introduced to the managers at these meetings. The laboratory staff is then introduced to the modified requirements via the PM or the individual laboratory Department Manager. After the modification is implemented into the laboratory process, documentation of the modification is made in the case narrative of the data report(s).

TestAmerica strongly encourages client visits to the laboratory for formal/informal information sharing session with employees in order to effectively communicate ongoing client needs as well as project specific details for customized testing programs.

## SECTION 8

### SUBCONTRACTING OF TESTS

(NELAC 5.4.5)

#### 8.1 OVERVIEW

For the purpose of this quality manual, the phrase subcontract laboratory refers to a laboratory external to the corporate network. The phrase “work sharing” refers to internal transfers of samples between company laboratories. The term outsourcing refers to the act of subcontracting tests.

When contracting with our clients, the laboratory makes commitments regarding the services to be performed and the data quality for the results to be generated. When we must outsource testing for our clients because project scope, changes in laboratory capabilities, capacity or unforeseen circumstances, we must be assured that the subcontractors or work sharing laboratories understand the requirements and will meet the same commitments we have made to the client. Refer to the SOP on Subcontracting Procedures (CA-L-S-002) and the Work Sharing Process SOP (CA-C-S-001).

When outsourcing analytical services, the laboratory will assure, to the extent necessary, that the subcontract or work sharing laboratory maintains a program consistent with the requirements of this document, the requirements specified in NELAC/ISO 17025 and/or the client's Quality Assurance Project Plan (QAPP). All QC guidelines specific to the client's analytical program are transmitted to the subcontractor and agreed upon before sending the samples to the subcontract facility. Additionally, work requiring accreditation will be placed with an appropriately accredited laboratory. The laboratory performing the subcontracted work will be identified in the final report, as will non-NELAC accredited work where required.

For DOD projects the subcontractor laboratories used must have an established and documented laboratory quality system that complies with DoD QSM requirements. The subcontractor laboratories are evaluated following the procedures outlined below and as seen in Figure 8-2. The subcontractor laboratory must receive project-specific approval from the DoD client before any samples are analyzed.

The QSM has 5 specific requirements for subcontracting:

1. Subcontractor laboratories must have an established laboratory quality system that complies with the QSM.
2. Subcontractor laboratories must be approved by the specific DoD Component laboratory approval process.
3. Subcontractor laboratories must demonstrate the ability to generate acceptable results from the analysis of PT samples, subject to availability, using each applicable method, in the specified matrix, and provide appropriate documentation to the DoD client.
4. Subcontractor laboratories must receive project-specific approval from the DoD client before any samples are analyzed.
5. Subcontractor laboratories are subject to project-specific, on-site assessments by the DoD client or their designated representatives.

Project Managers (PMs), Customer Service Managers (CSM), or Regional Account Executives (RAE) for the Export Lab are responsible for obtaining client approval prior to outsourcing any samples. The laboratory will advise the client of a subcontract or work sharing arrangement in writing and when possible approval from the client shall be retained in the project folder.

**Note:** In addition to the client, some regulating agencies, such as the US Army Corps of Engineers and the USDA, require notification prior to placing such work. Notification of intent to subcontract may be conveyed in the Quote for Analytical Services, with provision of the company's Terms and Conditions or by use of a form, such as the Client Notification and Subcontractor Approval Form, Figure 8-1.

## **8.2 QUALIFYING AND MONITORING SUBCONTRACTORS**

Whenever a PM or another member of the company's sales staff such as the Regional Account Executive (RAE) or Customer Service Manager (CSM) becomes aware of a client requirement or laboratory need where samples must be outsourced to another laboratory, the other laboratory(s) shall be selected based on the following:

- The first priority is to attempt to place the work in a qualified network laboratory;
- Firms specified by the client for the task (Documentation that a subcontractor was designated by the client must be maintained with the project file. This documentation can be as simple as placing a copy of an e-mail from the client in the project folder);
- Firms listed as pre-qualified and currently under a subcontract with the company (in JD Edwards): A listing of all approved subcontracting laboratories and supporting documentation is available on the TestAmerica intranet site. Verify necessary accreditation for the requested tests prior to sending samples.
- Firms identified in accordance with the company's Small Business Subcontracting program as small, women-owned, veteran-owned and/or minority-owned businesses;
- NELAC or A2LA accredited laboratories.
- In addition, the firm must hold the appropriate certification to perform the work required.

All intra-company laboratories are pre-qualified for work sharing provided they hold the appropriate accreditations, can adhere to the project/program requirements, and the client approved sending samples to that laboratory. The client must provide acknowledgement that the samples can be sent to that facility (an e-mail is sufficient documentation or if acknowledgement is verbal, the date, time, and name of person providing acknowledgement must be documented). The originating laboratory is responsible for communicating all technical, quality, and deliverable requirements as well as other contract needs. Refer to SOP No. CA-C-S-001, Work Sharing Process.

When the potential sub-contract laboratory has not been previously approved, a PM or other member of the company's sales staff may nominate a laboratory as a subcontractor based on need. The decision to nominate a laboratory must be approved by the Laboratory Director. The Laboratory Director requests that the QA Manager begin the process of approving the subcontract laboratory. The client must provide acknowledgement that the samples can be sent to that facility (an e-mail is sufficient documentation or if acknowledgement is verbal, the date, time, and name of person providing acknowledgement must be documented).

**8.2.1** The QA Manager must ensure that the Subcontracting Approval Form (Figure 8-2) has been completed and have supporting documentation on file prior to initiation of any work. A letter or e-mail is sent to the lab requesting the following information:

**8.2.1.1** If a lab is NELAC or A2LA accredited,

**8.2.1.1.1** Copy of necessary certifications verifying that the required approvals are current. Ensure that all needed analytes are included; some may not be accredit-able (if so, document). Certificate and scope of International Standard accreditation are required, when applicable.

**8.2.1.1.2** Insurance Certificate. This is required by TestAmerica's Chief Financial Officer

**8.2.1.1.3** USDA soil permit if available\*\*

**8.2.1.2** For Laboratories accredited by other agencies with an auditing program:

**8.2.1.2.1** Copy of necessary certifications verifying that the required approvals are current. Ensure that all needed analytes are included; some may not be accredit-able (if so, document). Certificate and scope of International Standard accreditation are required, when applicable.

**8.2.1.2.2** Insurance Certificate. This is required by TestAmerica's Chief Financial Officer

**8.2.1.2.3** USDA soil permit if available\*\*

**8.2.1.2.4** Description of Ethics and Data Integrity Plan.

**8.2.1.2.5** The most recent 2 sets of full proficiency testing (PT) results relevant to the analyses of interest and any associated corrective action.

**8.2.1.2.6** State Audit with Corrective Action Response

**8.2.1.2.7** Example final report to confirm format is compliant and provides the necessary information. (minimally, it must be determined that Batch QC results are included in the laboratory reports and data is appropriately qualified.

**8.2.1.2.8** A copy of raw data associated with the first project is requested for internal review. The raw data is reviewed by the QA Manager and the PM to ensure that the results meet the client's needs. If the QA Manager is unfamiliar with the analysis being performed, notify Corporate QA for guidance on the review (it may need to be sent elsewhere for evaluation). This requirement can be skipped if an on-site visit of the laboratory is planned. (This requirement is effective as of the effective date of this section. Laboratories worked with previously [minimum of 6 months] are grandfathered in.)

**8.2.1.2.9** DoD work includes additional requirements as described in Section 8.1 above.

- 8.2.1.3** For laboratories performing tests that are unaccredited or accredited by an agency without an audit program:
- 8.2.1.3.1** A copy of their Quality Assurance Manual (controlled if possible). Ensure data quality limits for relevant methods are acceptable and that training procedures are adequate.
  - 8.2.1.3.2** Copy of necessary certifications (if available) verifying that the required approvals are current. Ensure that all needed analytes are included; some may not be accredit-able (if so, document). Certificate and scope of International Standard accreditation are required, when applicable.
  - 8.2.1.3.3** Insurance Certificate. This is required by TestAmerica's Chief Financial Officer.
  - 8.2.1.3.4** USDA soil permit if available\*\*
  - 8.2.1.3.5** Evidence of a current SOP per method. A copy of the first page and signature page of the SOP is acceptable. A table of contents including effective dates may also be acceptable. The SOP can be examined if an on-site audit is performed.
  - 8.2.1.3.6** Description of Ethics and Data Integrity Plan.
  - 8.2.1.3.7** The most recent 2 sets of full proficiency testing (PT) results relevant to the analyses of interest and any associated corrective action.
  - 8.2.1.3.8** Example final report to confirm format is compliant and provides the necessary information. (minimally, it must be determined that Batch QC results are included in the laboratory reports and data is appropriately qualified.
  - 8.2.1.3.9** Statement of Qualification (SOQ) or summary list of Technical Staff and Qualifications – position, education and years of experience.
  - 8.2.1.3.10** DoD work includes additional requirements as described in Section 8.1 above.
  - 8.2.1.3.11** A copy of raw data associated with the first project is requested for internal review. The raw data is reviewed by the QA Manager and the PM to ensure that the results meet the client's needs. If the QA Manager is unfamiliar with the analysis being performed, notify Corporate QA for guidance on the review (it may need to be sent elsewhere for evaluation). This requirement can be skipped if an on-site visit of the laboratory is planned. (This requirement is effective as of the effective date of this section. Laboratories worked with previously [minimum of 6 months] are grandfathered in.)
- 8.2.2** Once the information is received by the QA Manager, it is evaluated for acceptability and forwarded to Corporate Contracts for formal contracting with the laboratory. They will add the lab to the approved list on the intranet site along with the associated documentation and notify the finance group for JD Edwards.

\*\*USDA permit is required if soils less than three feet deep from New York, North Carolina,

South Carolina, Georgia, Florida, Tennessee, Alabama, Mississippi, Louisiana, Arkansas, Texas, Oklahoma, New Mexico, Arizona, California, Hawaii, or outside the continental U. S. are to be analyzed. These samples require special shipping measures; check with the EHS Department. It may be necessary to heat-treat the samples before shipping if the subcontract laboratory does not have a USDA permit; however, some analytes/tests may be irrelevant after heat treatment.

**8.2.3** The client will assume responsibility for the quality of the data generated from the use of a subcontractor they have requested the lab to use. The qualified subcontractors on the intranet site are known to meet minimal standards. The company does not certify laboratories. The subcontractor is on our approved list and can only be recommended to the extent that we would use them.

**8.2.4** The status and performance of qualified subcontractors will be monitored periodically by the Corporate Contract Department. Any problems identified will be brought to Corporate QA attention.

- Complaints shall be investigated. Documentation of the complaint, investigation and corrective action will be maintained in the subcontractor's file on the intranet site. Complaints must be posted using the Vendor Performance Report (Form No. CW-F-WI-009).
- Information must be updated on the intranet when new information is received from the subcontracted laboratories.
- Subcontractors in good standing will be retained on the intranet listing. The QA Manager will notify all network laboratories and Corporate QA and Corporate Contracts if any laboratory requires removal from the intranet site. This notification will be posted on the intranet site and e-mailed to all Lab Directors/Managers, QA Managers and Sales Directors.

### **8.3 OVERSIGHT AND REPORTING**

The PM must request that the selected subcontractor be presented with a subcontract, if one is not already executed between the laboratory and the subcontractor. The subcontract must include terms which flow down the requirements of our clients, either in the subcontract itself or through the mechanism of work orders relating to individual projects. A standard subcontract and the Lab Subcontractor Vendor Package (posted on the intranet) can be used to accomplish this, and the Legal & Contracts Director can tailor the document or assist with negotiations, if needed. The PM (or RAE or CSM) responsible for the project must advise and obtain client consent to the subcontract as appropriate, and provide the scope of work to ensure that the proper requirements are made a part of the subcontract and are made known to the subcontractor.

Prior to sending samples to the subcontracted laboratory, the PM confirms their certification status to determine if it's current and scope-inclusive. The information is documented on a Subcontracted Sample Form (Figure 8-3) and the form is retained in the project folder. For network laboratories, certifications can be viewed on the company website.

The Sample Control department is responsible for ensuring compliance with QA requirements and applicable shipping regulations when shipping samples to a subcontracted laboratory.

All subcontracted samples must be accompanied by a Chain of Custody (COC). A copy of the original COC sent by the client must be included with all samples subbed within the network.

The PM will communicate with the subcontracted laboratory to monitor the status of the analyses, facilitate successful execution of the work and ensure the timeliness and completeness of the analytical report.

Non-NELAC accredited work must be identified in the subcontractor's report as appropriate. If NELAC accreditation is not required, the report does not need to include this information.

Reports submitted from subcontractor laboratories are not altered and are included in their original form in the final project report. This clearly identifies the data as being produced by a subcontractor facility. If subcontract laboratory data is incorporated into the laboratories EDD (i.e., imported), the report must explicitly indicate which lab produced the data for which methods and samples.

**Note:** The results submitted by a network work sharing laboratory may be transferred electronically and the results reported by the network work sharing lab are identified on the final report. The report must explicitly indicate which lab produced the data for which methods and samples. The final report must include a copy of the completed COC for all work sharing reports.

#### **8.4 CONTINGENCY PLANNING**

The Laboratory Director/Manager may waive the full qualification of a subcontractor process temporarily to meet emergency needs. In the event this provision is utilized, Corporate QA must be informed, and the QA Manager will be required to verify adequacy of proficiency scores and certifications. The laboratory must also request a copy of the raw data to support the analytical results for the first project submitted to the subcontract laboratory unless the laboratory has NELAC accreditation. -The raw data is reviewed by the QA Manager and the PM to ensure that the results meet the client's needs. The QA Manager will request full documentation and qualify the subcontractor under the provisions above. The approval process should be completed within 30 calendar days of subcontracting.



**Figure 8-2. Example - Subcontracting Laboratory Approval Form (Initial / Renewal)**

<b>SUBCONTRACTING LABORATORY APPROVAL</b>			
<i>Reference: Section 8-Quality Assurance Manual</i>			
Date:	_____		
Laboratory:	_____		
Address:	_____		
Contact:	_____		
Email:	_____		
Phone:	Direct: _____	Fax:	_____
Requested Item <sup>3</sup>	Receive Date	Reviewed By	Date
1. Copy of State Certification <sup>1</sup>			
2. Insurance Certificate			
3. USDA Soil Permit			
4. Description of Ethics Program <sup>3</sup>			
5. QA Manual <sup>3</sup>			
6. Most Recent (and relevant) 2 sets of WP/WS Reports with Corrective Action Response <sup>1,3</sup>			
7. State Audit with Corrective Action Response (or NELAC or A2LA Audit) <sup>3</sup>			
8. Sample Report <sup>3</sup>			
9. SOQ or Summary List of Technical Staff and Qualifications <sup>3</sup>			
10. SOPs for Methods to be Loadshifted <sup>2,3</sup>			
11. For DoD Work, Statement that lab quality system complies with QSM			
12. For Dod Work, Approved by specific DoD component laboratory approval process			
<p>1- Required when emergency procedures are implemented</p> <p>2-Some labs may not submit copies due to internal polies. In these cases, a copy of the first page and signature page of the SOP is acceptable. This requirement may also be fulfilled by supplying a table of SOPs with effective dates.</p> <p>3-If laboratory has NELAC accreditation, <u>Items #4 through 10 are not required.</u></p>			
On Site Audit Planned:      YES   NO <u>If yes, Date Completed:</u> _____      By Whom: _____			
Comments: _____			
Lab Acceptable for Subcontracting Work:      YES   NO			
Limitations: _____			
_____			
_____			
QA Manager (Signature): _____		Date: _____	
<input type="checkbox"/> Forwarded to Contract Coordinator, by: _____		Date: _____	

**Figure 8-3. Example - Project Specific Subcontract Approval Form**

**Project-Specific Approved Subcontractor Review Form**

<b>Project Information</b>					
Lab PM:					
Client Code:					
Project Reference:					
Project Start Date:					
Project TAT:	<input type="checkbox"/> Calendar Days	<input type="checkbox"/> Business Days			
Subcontractor is:	<input type="checkbox"/> Laboratory Designated	<input type="checkbox"/> Client Designated	<input type="checkbox"/> Other		
Required Certification:	<input type="checkbox"/> NELAC	<input type="checkbox"/> State	<input type="checkbox"/> Other _____		
Regulatory Program	<input type="checkbox"/> SDWA	<input type="checkbox"/> CWA/NPDES	<input type="checkbox"/> RCRA <input type="checkbox"/> UST <input type="checkbox"/> CLP <input type="checkbox"/> Other		
<b>Subcontractor Information</b>					
Subcontractor Company:					
Contact					
Address					
Phone					
Email					
<i>List Test Methods to be performed by this Subcontractor for this project:</i>					
<b>Review Items</b>			<b>Yes</b>	<b>No</b>	<b>NA</b>
Verify the subcontractor is company approved and has a contract with TestAmerica					
-If no, stop review and initiate subcontractor approval process.					
Verify the subcontractor holds the project required certification/accreditation for:					
-Each test method to be performed by subcontractor					
-Each analyte/parameter to be reported by the subcontractor					
Verify subcontractor has capacity to meet project turnaround time					
Verify subcontractor has capability to provide a report in the client specified format					
Verify subcontractor has capability to produce client specified EDD					
<b>PM Review</b>					
I verify that this company approved subcontractor maintains necessary certifications and capability to perform the work that will be subcontracted to them for this project.					
PM Signature			Date:		

## SECTION 9

### PURCHASING SERVICES AND SUPPLIES (NELAC 5.4.6)

#### 9.1 OVERVIEW

Evaluation and selection of suppliers and vendors is performed, in part, on the basis of the quality of their products, their ability to meet the demand for their products on a continuous and short term basis, the overall quality of their services, their past history, and competitive pricing. This is achieved through evaluation of objective evidence of quality furnished by the supplier, which can include certificates of analysis, recommendations, and proof of historical compliance with similar programs for other clients. To ensure that quality critical consumables and equipment conform to specified requirements, all purchases from specific vendors are approved by a member of the supervisory or management staff.

Capital expenditures are made in accordance with the Controlled Purchases Procedure, CW-F-S-004. Only one quote is required where the item being purchased is a sole source product, Examples of sole source capital expenditures are laboratory test equipment, client specified purchases and building leases. A minimum of two quotes is required where the opportunity exists to source from more than one vendor. All documentation related to the purchase of capital items will be maintained in the individual CapEx files located in Corporate Purchasing. Data will be held in accordance with the record retention policy.

TestAmerica will enter into formal contracts with vendors when it is advantageous to do so. Contracts will be signed in accordance with the Authorization Matrix Policy, CW-F-P-002. Examples of items that are purchased through vendor contracts are laboratory instruments, consumables, copiers and office supplies. Request for Proposals (RFP's) will be issued where more information is required from the potential vendors than just price. RFP's allow TestAmerica to determine if a vendor is capable of meeting requirements such as supplying all of the TestAmerica facilities, meeting required quality standards and adhering to necessary ethical and environmental standards. The RFP process also allows potential vendors to outline any additional capabilities they may offer.

Non-capital expenditure items are purchased through the requisition and approval process in JD Edwards or through other TestAmerica authorized methods (approved web-sites, purchasing cards). Labs have the ability to select from the approved vendors in JD Edwards.

#### 9.2 GLASSWARE

Glassware used for volumetric measurements must be Class A or verified for accuracy according to laboratory procedure. Pyrex (or equivalent) glass should be used where possible. For safety purposes, thick-wall glassware should be used where available.

#### 9.3 REAGENTS, STANDARDS & SUPPLIES

Chemical reagents, solvents, glassware, and general supplies are ordered as needed to maintain sufficient quantities on hand. Purchasing guidelines for equipment and reagents must meet with the requirements of the specific method and testing procedures for which they are

being purchased. Solvents and acids are pre-tested in accordance with Corporate SOP on Solvent & Acid Lot Testing & Approval, SOP No. CA-Q-S-001.

### **9.3.1 Purchasing**

The nature of the analytical laboratory demands that all material used in any of the procedures is of a known quality. The wide variety of materials and reagents available makes it advisable to specify recommendations for the name, brand, and grade of materials to be used in any determination. This information is contained in each test method SOP.

Laboratory materials are purchased through the requisition process in JD Edwards or through the laboratory's consignment system. The items available for purchase in JD Edwards or for check-out of consignment have been pre-approved for laboratory use by laboratory management.

### **9.3.2 Receiving**

It is the responsibility of the department manager or their designee to receive the shipment into the laboratory and to compare the information on the label or packaging to the original order to ensure that the purchase meets the quality level specified. Material Safety Data Sheets (MSDSs) are kept online through the Company's intranet website. Anyone may review these for relevant information on the safe handling and emergency precautions of on-site chemicals.

### **9.3.3 Specifications**

There are many different grades of analytical reagents available to the analyst. All methods in use in the laboratory specify the grade of reagent that must be used in the procedure. If the quality of the reagent is not specified, it may be assumed that it is not significant in that procedure and, therefore, any grade reagent may be used. It is the responsibility of the analyst to check the procedure carefully for the suitability of grade of reagent.

Chemicals must not be used past the manufacturer's expiration date and must not be used past the expiration time noted in a method SOP. If dates are not provided, the laboratory may contact the manufacturer to determine an expiration date.

The laboratory assumes a five year expiration date on inorganic dry chemicals unless noted otherwise by the manufacturer or by the reference source method.

- An expiration date can not be extended if the dry chemical is discolored or appears otherwise physically degraded, the dry chemical must be discarded.
- Expiration dates can be extended if the dry chemical is found to be satisfactory based on acceptable performance of quality control samples (Continuing Calibration Verification (CCV), Blanks, Laboratory Control Sample (LCS), etc.).
- If the dry chemical is used for the preparation of standards, the expiration dates can be extended 6 months if the dry chemical is compared to an unexpired independent source in performing the method and the performance of the dry chemical is found to be satisfactory.

The comparison must show that the dry chemical meets CCV limits. The comparison studies are maintained by the Department Manager for the work area where the standard is used.

Wherever possible, standards must be traceable to national or international standards of measurement or to national or international reference materials. Records to that effect are available to the user.

Compressed gases in use are checked for pressure and secure positioning daily. The minimum total pressure must be 500 psig for Argon/Methane, Hydrogen, and all cylinders directly connected to instruments. The minimum total pressure must be 120 psig for Helium, 100 psig for liquid Argon, and 30 psig for liquid Nitrogen. If pressure in the tank reaches the minimum total pressure the tank must be replaced. The quality of the gases must meet method or manufacturer specification or be of a grade that does not cause any analytical interference.

Water used in the preparation of standards or reagents must have a conductivity of less than 1 mmho/cm or resistivity greater than 1.0 megaohm-cm at 25°C. The conductivity is checked and recorded daily. If the water's conductivity is not within criteria, the Quality Assurance Manager must be notified immediately in order to notify all departments, decide on cessation (based on intended use) of activities, and make arrangements for correction.

The laboratory may purchase reagent grade water (or other similar quality) for use in the laboratory. This water must be certified "clean" by the supplier for all target analytes or otherwise verified by the laboratory prior to use. This verification is documented.

Standard lots are verified before first time use if the laboratory switches manufacturers or has historically had a problem with the type of standard.

Purchased VOA vials must be certified clean and the certificates must be maintained. If uncertified VOA vials are purchased, all lots must be verified clean prior to use. This verification must be maintained.

#### **9.3.4      Storage**

Reagent and chemical storage is important from the aspects of both integrity and safety. Light-sensitive reagents may be stored in brown-glass containers. Table 9-1 details specific storage instructions for reagents and chemicals. Section 22 discusses conditions for standard storage.

### **9.4            PURCHASE OF EQUIPMENT/INSTRUMENTS/SOFTWARE**

When a new piece of equipment is needed, either for additional capacity or for replacing inoperable equipment, the department manager makes a supply request to the Laboratory Director. If they agree with the request the procedures outlined in Policy No. CA-T-P-001, Qualified Products List, are followed. A decision is made as to which piece of equipment can best satisfy the requirements. The appropriate written requests are completed and the order is placed.

Upon receipt of a new or used piece of equipment, it is given a short name, such as HP-20, added to the equipment list described in Section 21 that is maintained by the QA Department and IT must be notified so that can be linked for back-ups. Its capability is assessed to

determine if it is adequate or not for the specific application. For instruments, a calibration curve is generated, followed by an MDL study and demonstration of Capabilities (DOCs) and other relevant criteria (see Section 20). For software, its operation must be deemed reliable and evidence of instrument verification must be retained by the IT Department as specified in the laboratory's procedure for software verification. Software certificates supplied by the vendors are filed with the IT Department. The manufacturer's operation manual is retained at the bench.

## **9.5 SERVICES**

Service to analytical instruments (except analytical balances) is performed on an as needed basis. Routine preventative maintenance is discussed in Section 21. The need for service is determined by analysts and/or laboratory management such as department managers, the Technical Director or the QA Manager. The service providers that perform the services are approved by the Technical Director or the QA Manager.

## **9.6 SUPPLIERS**

TestAmerica selects vendors through a competitive proposal / bid process, strategic business alliances or negotiated vendor partnerships (contracts). The level of control used in the selection process is dependent on the anticipated spend and the potential impact on TestAmerica business. Vendors that provide test and measuring equipment, solvents, standards, certified containers, instrument related service contracts or subcontract laboratory services shall be subject to more rigorous controls than vendors that provide off-the-shelf items of defined quality that meet the end use requirements. The JD Edwards purchasing system includes all suppliers /vendors that have been approved for use.

Evaluation of suppliers is accomplished by ensuring the supplier ships the product or material ordered and that the material is of the appropriate quality. This is documented by signing off on packing slips or other supply receipt documents. The purchasing documents contain the data that adequately describe the services and supplies ordered.

Any issues of vendor performance are to be reported immediately by the laboratory staff to the Corporate Purchasing Group by completing a Vendor Performance Report (CW-F-WI-009).

The Corporate Purchasing Group will work through the appropriate channels to gather the information required to clearly identify the problem and will contact the vendor to report the problem and to make any necessary arrangements for exchange, return authorization, credit, etc.

As deemed appropriate, the Vendor Performance Reports will be summarized and reviewed to determine corrective action necessary, or service improvements required by vendors

The laboratory has access to a listing of all approved suppliers of critical consumables, supplies and services. This information is provided through the JD Edwards purchasing system.

### **9.6.1 New Vendor Procedure**

TestAmerica employees who wish to request the addition of a new vendor must complete a J.D. Edwards Vendor Add Request Form (CW-F-WI-007 – refer to Figure 9-2).

New vendors are evaluated based upon criteria appropriate to the products or services provided as well as their ability to provide those products and services at a competitive cost. Vendors are also evaluated to determine if there are ethical reasons or potential conflicts of interest with TestAmerica employees that would make it prohibitive to do business with them as well as their financial stability. The QA Department and/or the Technical Director is consulted with vendor and product selection that have an impact on quality.

**Table 9-1.**  
**Storage of Reagents and Chemicals**

<b>Chemical</b>	<b>Storage Requirements</b>
Concentrated Acids and Bases	Stored in the original containers at room temperature. All organic acids must be stored separately from inorganic acids. Acids should not be stored with bases.
Bulk Dry Chemicals	Stored in the original containers at room temperature. All organic acids must be stored separately from inorganic acids. Acids should not be stored with bases.
Working Solutions containing Organic Compounds	Stored as per method recommendation/ requirement. They are generally stored refrigerated at $4^{\circ}\text{C} \pm 2^{\circ}\text{C}$ .
Working Solutions containing only Inorganics	Stored at room temperature; refrigeration is optional.
Flammable Solvents	Stored in solvent cabinets at room temperature.
Non-Flammable Solvents	Stored separately from the flammable solvents in cabinets at room temperature.

**Figure 9-2**  
**Example – JD Edwards Vendor Add Request Form**



JD Edwards Vendor Add Request Form

Vendor name:	Lab location <u>and</u> individual making request:
Vendor address (remit to):	Vendor phone:
Vendor address (remit to):	Vendor fax:
Contact name:	Product / service provided:

**Reason for Vendor Addition: Check all reasons that apply**

<input type="checkbox"/> Cost Reduction	Estimated Annual Savings \$
<input type="checkbox"/> Replace Current Vendor	Reason?
	Vendor being Replaced?
<input type="checkbox"/> New Product / Service	Describe:
<input type="checkbox"/> ISO Approved ( <u>Required for Aerotech / P&amp;K only</u> )	

**Small Business:**

Does this vendor help us to meet our small business objectives: \_\_\_\_\_  
 If yes, which category: \_\_\_\_\_

**Personal and Ethical Considerations:**

Is there any personal conflict of interest with a TestAmerica employee and the vendor listed above? \_\_\_\_\_  
 Have ethical considerations been taken into account in your evaluation of this vendor? \_\_\_\_\_  
 \_\_\_\_\_

**Can this product be sourced from another TestAmerica facility?** \_\_\_\_\_

Please complete form and email to [NCPurchasing@testamericainc.com](mailto:NCPurchasing@testamericainc.com) or fax to (330) 966-9275.

I approve the addition of this vendor:

\_\_\_\_\_  
 Purchasing Manager - Patrick Eckman

\_\_\_\_\_  
 Corporate Controller - Leslie Bowers

Form No. CW-F-WI-007

## **SECTION 10**

### **SERVICE TO THE CLIENT (NELAC 5.4.7)**

#### **10.1 OVERVIEW**

TestAmerica Burlington cooperates with clients and their representatives to monitor the laboratory's performance in relation to work performed for the client. It is the laboratory's goal to meet all client requirements in addition to statutory and regulatory requirements discussed in Section 5. The laboratory has procedures to ensure confidentiality to clients (Section 16 and 26).

**Note:** ISO 17025/NELAC 2003 states that a laboratory "shall afford clients or their representatives cooperation to clarify the client's request". This topic is discussed in Section 7.

#### **10.2 SPECIAL SERVICES**

The laboratory's standard procedures for reporting data are described in Section 26. When requested the following special services are provided:

- The laboratory will provide the client or the client's representative reasonable access to the relevant areas of the laboratory for the witnessing of tests performed for the client.
- The laboratory will work with client-specified third party data validators as specified in the client's contract.
- The laboratory will provide the client with all requested information pertaining to the analysis of their samples. An additional charge may apply for additional data/information that was not requested prior to the time of sample analysis or previously agreed upon.

#### **10.3 CLIENT COMMUNICATION**

Project managers are an important communication link to the clients. The lab shall inform its clients of any delays in project completion as well as any non-conformances in either sample receipt (refer to Section 24) or sample analysis. Project management will maintain ongoing client communication throughout the entire client project.

The Quality Assurance Manager and/or Technical Director are available to discuss any technical questions or concerns that the client may have.

#### **10.4 REPORTING**

The laboratory will work with the client to produce any special communication reports required by the contract.

#### **10.5 CLIENT SURVEYS**

The laboratory assesses both positive and negative client feedback. The results are used to improve overall laboratory quality and client service.

TestAmerica's Sales and Marketing teams periodically develops lab and client specific surveys to assess client satisfaction.

## **SECTION 11**

### **COMPLAINTS (NELAC 5.4.8)**

#### **11.1 OVERVIEW**

TestAmerica Burlington believes that effective client complaint handling processes have important business and strategic value. Listening to and documenting client concerns captures 'client knowledge' that helps to continually improve processes and improve client satisfaction. An effective client complaint handling process also provides assurance to the data user that the laboratory will stand behind its data, service obligations and products.

A client complaint is any expression of dissatisfaction with any aspect of our business services, communications, responsiveness, data, reports, invoicing and other functions expressed by any party, whether received verbally or in written form. Client inquiries, complaints or noted discrepancies are documented, communicated to management, and addressed promptly and thoroughly.

The laboratory has procedures for dealing with both external and internal complaints.

The nature of the complaint is identified, documented and investigated, and an appropriate action is determined and taken. In cases where a client complaint indicates that an established policy or procedure was not followed, the QA Department must evaluate whether a special audit must be conducted to assist in resolving the issue. A written confirmation or letter to the client, outlining the issue and response taken is recommended as part of the overall action taken.

The process of complaint resolution and documentation utilizes the procedures outlined in Section 13 (Corrective Actions) and is documented following the procedures described in laboratory SOP BR-QA-004 Client Inquiries, Data Validation Requests & Complaint Resolution. It is the laboratory's goal to provide a satisfactory resolution to complaints in a timely and professional manner.

#### **11.2 EXTERNAL COMPLAINTS**

An employee that receives a complaint initiates the complaint resolution process and the documentation of the complaint.

Complaints fall into two categories: correctable and non-correctable. An example of a correctable complaint would be one where a report re-issue would resolve the complaint. An example of a non-correctable complaint would be one where a client complains that their data was repeatedly late. Non-correctable complaints should be reviewed for preventive action measures to reduce the likelihood of future occurrence and mitigation of client impact.

The general steps in the complaint handling process are:

- Receiving Complaints
- Complaint Investigation and Service Recovery
- Process Improvement

The laboratory shall inform the initiator of the complaint of the results of the investigation and the corrective action taken, if any.

### **11.3 INTERNAL COMPLAINTS**

Internal complaints include, but are not limited to: errors and non-conformances, training issues, internal audit findings, and deviations from methods. Corrective actions may be initiated by any staff member who observes a nonconformance and shall follow the procedures outlined in Section 13. In addition, Corporate management, Sales and Marketing and Information Technology (IT) may initiate a complaint by contacting the laboratory or through the corrective action system described in Section 13.

### **11.4 MANAGEMENT REVIEW**

The number and nature of client complaints is reported by the QA Manager to the laboratory and QA Director in the QA Monthly report. Monitoring and addressing the overall level and nature of client complaints and the effectiveness of the solutions is part of the Annual Management Review (Section 17)

## SECTION 12

### CONTROL OF NON-CONFORMING WORK (NELAC 5.4.9)

#### 12.1 OVERVIEW

When data discrepancies are discovered or deviations and departures from laboratory standard procedures, policies and/or client requests have occurred, corrective action is taken immediately. First, the laboratory evaluates the significance of the nonconforming work. Then, a corrective action plan is initiated based on the outcome of the evaluation. If it is determined that the nonconforming work is an isolated incident, the plan could be as simple as adding a qualifier to the final results and/or making a notation in the case narrative. If it is determined that the nonconforming work is a systematic or improper practices issue, the corrective action plan could include a more in depth investigation and a possible suspension of an analytical method. In all cases, the actions taken are documented using the laboratory's corrective action system (refer to Section 13).

Due to the frequently unique nature of environmental samples, sometimes departures from documented policies and procedures are needed. When an analyst encounters such a situation, the problem is presented to their supervisor for advice. The supervisor may elect to discuss it with the Project Manager, QA Manager and/or the Technical Director. Sometimes it is best to have a representative contact the client to decide on a logical course of action. Once an approach is agreed upon, the analyst documents the procedure used in the analytical record and this information can then be supplied to the client in the data report or described in the case narrative provided with the report.

Project Management may encounter situations where a client may request that a special procedure be applied to a sample that is not standard lab practice. Based on a technical evaluation, the lab may accept or opt to reject the request based on technical or ethical merit. An example might be the need to report a compound that the lab does not normally report. The lab would not have validated the method for this compound following the procedures in Section 20. The client may request that the compound be reported based only on the calibration. Such a request would need to be approved by laboratory management, documented and included in the project folder. Deviations must also be noted on the final report with a statement that the compound is not reported in compliance with NELAC (or the analytical method) requirements and the reason. Data being reported to a non-NELAC state would need to note the change made to how the method is normally run.

#### 12.2 RESPONSIBILITIES AND AUTHORITIES

SOP No. CA-L-S-001, Internal Investigation of Potential Data Discrepancies and Determination for Data Recall, outlines the general procedures for the reporting and investigation of data discrepancies and alleged incidents of misconduct or violations of the company's data integrity policies as well as the policies and procedures related to the determination of the potential need to recall data.

Under certain circumstances the Laboratory Director, Project Manager, Department Manager or a member of the QA team may exceptionally authorize departures from documented procedures

or policies. The departures may be a result of procedural changes due to the nature of the sample; a one-time procedure for a client; QC failures with insufficient sample to reanalyze, etc. In most cases, the client will be informed of the departure prior to the reporting of the data. Any departures must be well documented using the laboratory's corrective action procedures described in Section 13. This information may also need to be documented in logbooks and/or data review checklists as appropriate. Any impacted data must be referenced in a case narrative and/or flagged with an appropriate data qualifier.

Any misrepresentation or possible misrepresentation of analytical data discovered by any laboratory staff member must be reported to facility senior management within 24 hours. The Senior Management staff is comprised of the Laboratory Director, the QA Manager, Technical Director, Customer Service Manager, and the Department Managers. The reporting of issues involving alleged violations of the company's Data Integrity or Manual Integration procedures must be conveyed to an Ethics and Compliance Officer (ECO) and Quality Director within 24 hours.

Whether an inaccurate result was reported due to calculation or quantitation errors, data entry errors, improper practices, or failure to follow SOPs, the data must be evaluated to determine the possible effect.

The Laboratory Director, QA Manager, ECOs, COO's – East and West, General Managers and the Quality Directors – East and West have the authority and responsibility to halt work, withhold final reports, or suspend an analysis for due cause as well as authorize the resumption of work.

### **12.3 EVALUATION OF SIGNIFICANCE AND ACTIONS TAKEN**

For each nonconforming issue reported, an evaluation of its significance and the level of management involvement needed is made. This includes reviewing its impact on the final data, whether or not it is an isolated or systematic issue, and how it relates to any special client requirements.

SOP No. CA-L-S-001 distinguishes between situations when it would be appropriate for the laboratory QA Manager and Laboratory Director (or his/her designee) to make the decision on the need for client notification (written or verbal) and data recall (report revision) and when the decision must be made with the assistance of the ECO's and Corporate Management. Laboratory level decisions are documented and approved using the laboratory's standard nonconformance/corrective action reporting (Section 13) in lieu of the data recall determination form contained in SOP No. CA-L-S-001.

### **12.4 PREVENTION OF NONCONFORMING WORK**

If it is determined that the nonconforming work could recur, further corrective actions must be made following the laboratory's corrective action system (Section 13).

On a monthly basis, the QA Department evaluates non-conformances to determine if any nonconforming work has been repeated multiple times. If so, the laboratory's corrective action process may be followed.

## **12.5 METHOD SUSPENSION/RESTRICTION (STOP WORK PROCEDURES)**

In some cases it may be necessary to suspend/restrict the use of a method or target compound which constitutes significant risk and/or liability to the laboratory. Suspension/restriction procedures can be initiated by any of the persons noted in Section 12.2, Paragraph 5 above.

Prior to suspension/restriction, confidentiality will be respected, and the problem and the required corrective and preventive action will be stated in writing and presented to the Laboratory Director.

The Laboratory Director shall arrange for the appropriate personnel to meet with the QA Manager as needed. This meeting shall be held to confirm that there is a problem, that suspension/restriction of the method is required and will be concluded with a discussion of the steps necessary to bring the method/target or test fully back on line. In some cases that may not be necessary if all appropriate personnel have already agreed there is a problem and there is agreement on the steps needed to bring the method, target or test fully back on line.

The QA Manager will also initiate a corrective action report as described in Section 13 if one has not already been started. A copy of any meeting notes and agreed upon steps should be faxed or e-mailed by the laboratory to the appropriate General Manager and member of Corporate QA. This fax/e-mail acts as notification of the incident.

After suspension/restriction, the lab will hold all reports to clients pending review. No faxing, mailing or distributing through electronic means may occur. The report must not be posted for viewing on the internet. It is the responsibility of the Laboratory Director to hold all reporting and to notify all relevant laboratory personnel regarding the suspension/restriction (i.e., Project Management, Log-in, etc...). Clients will NOT generally be notified at this time. Analysis may proceed in some instances depending on the non-conformance issue.

Within 72 hours, the QA Manager will determine if compliance is now met and reports can be released, OR determine the plan of action to bring work into compliance, and release work. A team, with all principals involved (Laboratory Director, Technical Director, QA Manager, Supervisor) can devise a start-up plan to cover all steps from client notification through compliance and release of reports. Project Management, the Director of Client Services and Sales and Marketing should be notified if clients must be notified or if the suspension/restriction affects the laboratory's ability to accept work. The QA Manager must approve start-up or elimination of any restrictions after all corrective action is complete. This approval is given by final signature on the completed corrective action report as described in Section 13.

## SECTION 13

### CORRECTIVE ACTION (NELAC 5.4.10)

#### 13.1 OVERVIEW

A major component of TestAmerica's Quality Assurance (QA) Program is the problem investigation and feedback mechanism designed to keep the laboratory staff informed on quality related issues and to provide insight to problem resolution. When nonconforming work or departures from policies and procedures in the quality system or technical operations are identified, the corrective action procedure provides a systematic approach to assess the issues, restore the laboratory's system integrity, and prevent reoccurrence. Corrective actions are documented using Non-Conformance Reports (NCR) and Corrective Action Reports (CAR) (refer to Figure 13-1).

#### 13.2 DEFINITIONS

- **Correction:** Actions necessary to correct or repair analysis specific non-conformances. The acceptance criteria for method specific QC and protocols as well as the associated corrective actions are contained in the method specific SOPs. The analyst will most frequently be the one to identify the need for this action as a result of calibration checks and QC sample analysis. No significant action is taken to change behavior, process or procedure.
- **Corrective Action:** The action taken is not only a correction made to the immediate event, but a change in process, procedure or behavior that is required to eliminate the causes of an existing nonconformity, defect, or other undesirable situation in order to prevent recurrence.

#### 13.3 GENERAL

Problems within the quality system or within analytical operations may be discovered in a variety of ways, such as QC sample failures, internal or external audits, proficiency testing (PT) performance, client complaints, staff observation, etc.

The purpose of a corrective action system is to:

- Identify non-conformance events and assign responsibility for investigation.
- Resolve non-conformance events and assign responsibility for any required corrective action.
- Identify Systematic Problems before they become serious.
- Identify and track Client complaints and provide resolution (see more on client complaints in Section 11).

**13.3.1 Non-Conformance Report (NCR)** - is used to document the following types of corrective actions:

- Deviations from an established procedure or SOP
- QC outside of limits (non matrix related)

- Isolated Reporting / Calculation Errors

**13.3.2 Corrective Action Report (CAR)** - is used to document the following types of corrective actions:

- Questionable trends that are found in the monthly review of NCRs.
- Issues found while reviewing NCRs that warrant further investigation.
- Failed or Unacceptable PT results.
- Corrective actions that cross multiple departments in the laboratory.
- Systematic Reporting / Calculation Errors
- Client Complaints

#### **13.4 CLOSED LOOP CORRECTIVE ACTION PROCESS**

Any employee in the company can initiate a corrective action. There are four main components to a closed-loop corrective action process once an issue has been identified: Cause Analysis, Selection and Implementation of Corrective Actions (both short and long term), Monitoring of the Corrective Actions, and Follow-up.

##### **13.4.1 Cause Analysis**

- Upon discovery of a non-conformance event, the event must be defined and documented. An NCR or CAR must be initiated, someone is assigned to investigate the issue and the event is investigated for cause. Table 13-1 provides some general guidelines on determining responsibility for assessment.
- The cause analysis step is the key to the process as a long term corrective action cannot be determined until the cause is determined.
- If the cause is not readily obvious, various member of laboratory management are consulted as needed.

##### **13.4.2 Selection and Implementation of Corrective Actions**

- Where corrective action is needed, the laboratory shall identify potential corrective actions. The action(s) most likely to eliminate the problem and prevent recurrence are selected and implemented. Responsibility for implementation is assigned.
- Corrective actions shall be to a degree appropriate to the magnitude of the problem identified through the cause analysis.
- Whatever corrective action is determined to be appropriate, the laboratory shall document and implement the changes. The NCR or CAR is used for this documentation.

##### **13.4.3 Monitoring of the Corrective Actions**

- The Department Manager is responsible to ensure that the corrective action taken was effective.
- Ineffective actions will be documented and re-evaluated until acceptable resolution is achieved. Department Managers are accountable to the Laboratory Director to ensure final acceptable resolution is achieved and documented appropriately.

- Each NCR is reviewed by QA Manager. If a significant trend develops that adversely affects quality, the QA Manager initiates a corrective action plan.
- Each CAR is entered into a spreadsheet for tracking purposes and periodic follow-up is performed to ensure corrective actions have taken effect. The QA Manager reviews CARs monthly for trends. Highlights are included in the QA monthly report (refer to Section 17). If a significant trend develops that adversely affects quality, an audit of the area is performed and corrective action implemented.
- Any out-of-control situations that are not addressed acceptably at the laboratory level may be reported to the Corporate Quality Director by the QA Manager, indicating the nature of the out-of-control situation and problems encountered in solving the situation.

#### **13.4.4 Follow-up Audits**

- Follow-up audits may be initiated by the QA Manager and shall be performed as soon as possible when the identification of a nonconformance casts doubt on the laboratory's compliance with its own policies and procedures, or on its compliance with state or federal requirements. (Section 16 includes additional information regarding internal audit procedures.)
- These audits often follow the implementation of the corrective actions to verify effectiveness. An additional audit would only be necessary when a critical issue or risk to business is discovered.

#### **13.5 TECHNICAL CORRECTIVE ACTIONS**

In addition to providing acceptance criteria and specific protocols for technical corrective actions in the method SOPs the laboratory has general procedures to be followed to determine when departures from the documented policies and procedures and quality control have occurred (refer to Section 12 for information regarding the control of non-conforming work). The documentation of these procedures is through the use of an NCR or CAR.

Table 13-1 includes examples of general technical corrective actions. For specific criteria and corrective actions refer to specific method SOPs.

Table 13-1 provides some general guidelines for identifying the individual(s) responsible for assessing each QC type and initiating corrective action. The table also provides general guidance on how a data set should be treated if associated QC measurements are unacceptable. Specific procedures are included in Method SOPs, QAM Sections 20 and 21, and SOP CA-L-S-001 (Internal Investigation of Potential Data Discrepancies and Determination for Data Recall). All corrective actions are reviewed at a minimum monthly by the QA Manager and highlights are included in the QA monthly report.

To the extent possible, samples shall be reported only if all quality control measures are acceptable. If the deficiency does not impair the usability of the results, data will be reported with an appropriate data qualifier and/or the deficiency will be noted in the case narrative. Where sample results may be impaired, appropriate corrective action (e.g., reanalysis) is taken and documented and the Project Manager is notified by a written NCR and by the laboratory's software program for the creation of project narratives (Narrative Notes)

### **13.6 BASIC CORRECTIONS**

When mistakes occur in records, each mistake shall be crossed-out, and not erased, deleted, made illegible, or otherwise obliterated (e.g. no white-out), and the correct value entered alongside. All such corrections shall be initialed (or signed) and dated by the person making the correction. In the case of records stored electronically, the original "uncorrected" file must be maintained intact and a second "corrected" file is created.

This same process applies to adding additional information to a record. All additions made later than the initial must also be initialed (or signed) and dated.

When corrections are due to reasons other than obvious transcription errors, the reason for the corrections (or additions) shall also be documented.

**Figure 13-1.**

**Example - Corrective Action Report**

<b>Initiated By:</b>		<b>Assigned To:</b>	
<b>Initiation Date:</b>		<b>CC:</b>	
<b>Due Date:</b>			
<b>Section 1: Describe Problem &amp; Attach Supporting Documentation As Needed</b>			
Corrective Action Prompted By:			
Recurring NCR	Internal Audit	External Audit	Complaint
Other			
<b>Section 2: Describe Root Cause of Problem</b>			
<b>Section 3: Describe Actions Required to Correct &amp; Prevent Problem</b>			
<b>Section 4: QA Review and Close Out</b>			
Action Taken Was:		Acceptable	Not Acceptable
Comments:		Other	
Close Out Date:		Closed By:	
<b>Section 5: Follow Up (From Close-Out Date)</b>			
<b>Time Frame:</b>	<b>Performed By:</b>	<b>Date:</b>	<b>Is action taken preventing recurrence?</b>
1 Month			
3 Month			
6 Month			

**Table 13-1.**

**Example – General Corrective Action Procedures**

<b>QC Activity (Individual Responsible for Initiation/Assessment)</b>	<b>Acceptance Criteria</b>	<b>Recommended Corrective Action</b>
Initial Instrument Blank  <i>(Primary Analyst, Secondary Data Review Analyst)</i>	- See details in Method SOP	- Prepare another blank. - If same response, determine cause of contamination: reagents, environment, instrument equipment failure, etc.
Initial Calibration Standards  <i>(Primary Analyst, Secondary Data Review Analyst)</i>	- See details in Method SOP	- Reanalyze standards. - If still unacceptable, remake standards and recalibrate instrument.
Independent Calibration Verification (Second Source)  <i>(Primary Analyst, Secondary Data Review Analyst)</i>	- % Recovery within limits documented in SOP.	- Remake and reanalyze standard. - If still unacceptable, then remake calibration standards or use new primary standards and recalibrate instrument.
Continuing Calibration Standards  <i>(Primary Analyst, Secondary Data Review Analyst)</i>	- See details in Method SOP	- Reanalyze standard. - If still unacceptable, then recalibrate and rerun affected samples.
Matrix Spike / Matrix Spike Duplicate (MS/MSD)  <i>(Primary Analyst, Secondary Data Review Analyst)</i>	- % Recovery within limits documented in SOP.	- If the acceptance criteria for duplicates or matrix spikes are not met because of matrix interferences, the acceptance of the analytical batch is determined by the validity of the LCS. - If the LCS is within acceptable limits the batch is acceptable. - The results of the duplicates, matrix spikes and the LCS are reported with the data set.
Laboratory Control Sample (LCS)  <i>(Primary Analyst, Secondary Data Review Analyst)</i>	- % Recovery within limits documented in SOP.	- Batch must be re-prepared and re-analyzed. <b>Note:</b> If there is insufficient sample or the holding time cannot be met, contact client and report with flags.
Surrogates  <i>(Primary Analyst, Secondary Data Review Analyst)</i>	- % Recovery within limits documented in SOP.	- Individual sample must be repeated. Place comment in LIMS.

<b>QC Activity  (Individual Responsible  for Initiation/Assessment)</b>	<b>Acceptance Criteria</b>	<b>Recommended  Corrective Action</b>
Method Blank (MB)  <i>(Primary Analyst,  Secondary Data Review  Analyst)</i>	< Reporting Limit For DoD Work: ½ RL	- Reanalyze blank. - If still positive, determine source of contamination. If necessary, reprocess (i.e. digest or extract) entire sample batch. Report blank results.
Proficiency Testing (PT) Samples  <i>(Primary Analyst,  Secondary Data Review  Analyst, Department  Manager)</i>	- Criteria supplied by PT Supplier.	- Any failures or warnings must be investigated for cause. Failures may result in the need to repeat a PT sample to show the problem is corrected.
Internal / External Audits  <i>(QA Manager, Department  Manager, Laboratory  Director)</i>	- Defined in Quality System documentation such as SOPs, QAM, etc.	- Non-conformances must be investigated through CAR system and necessary corrections must be made.
Reporting / Calculation Errors  <i>(Depends on issue –  possible individuals include:  Analysts, Data Reviewers,  Project Managers,  Department Manager/  Supervisor, QA Manager,  Corporate QA, Corporate  Management)</i>	- SOP CA-L-S-001, Internal Investigation of Potential Data Discrepancies and Determination for Data Recall.	- Corrective action is determined by type of error. Follow the procedures in SOP CA-L-S-001.
Client Complaints  <i>(Project Managers, Lab  Director, QA Manager)</i>	- SOP LP-QA-004	- Corrective action is determined by the type of complaint. For example, a complaint regarding an incorrect address on a report will result in the report being corrected and then follow-up must be performed on the reasons the address was incorrect (e.g., database needs to be updated).
QA Monthly Report (Refer to Section 17 for an example)  <i>(QA Manager, Lab Director)</i>	- QAM, SOPs.	- Corrective action is determined by the type of issue. For example, CARs for the month are reviewed and possible trends are investigated.

<b>QC Activity (Individual Responsible for Initiation/Assessment)</b>	<b>Acceptance Criteria</b>	<b>Recommended Corrective Action</b>
Health and Safety Violation  (Safety Officer, Lab Director, Department Manager)	- Environmental Health and Safety (EHS) Manual.	- Non-conformance is investigated and corrected through CAR system.

## SECTION 14.0

### PREVENTIVE ACTION (NELAC 5.4.11)

#### 14.1 OVERVIEW

The laboratory's preventive action programs improve, or eliminate potential causes of nonconforming product and/or nonconformance to the quality system. This preventive action process is a proactive continuous process improvement activity that can be initiated through feedback from clients, employees, business providers, and affiliates. The QA Department has the overall responsibility to ensure that the preventive action process is in place, and that relevant information on actions is submitted for management review.

Dedicating resources to an effective preventive action system emphasizes TestAmerica Burlington's commitment to its Quality Assurance (QA) program. It is beneficial to identify and address negative trends before they develop into complaints, problems and corrective actions. Additionally, customer service and satisfaction can be improved through continuous improvements to laboratory systems.

Opportunities for improvement may be discovered during management reviews, the QA Metrics Report, internal or external audits, proficiency testing performance, client complaints, staff observation, etc.

The monthly Quality Assurance Metrics Report shows performance indicators in all areas of the quality system. These areas include revised reports, corrective actions, audit findings, internal auditing and data authenticity audits, client complaints, PT samples, holding time violations, SOPs, ethics training, etc. These metrics are used to help evaluate quality system performance on an ongoing basis and provide a tool for identifying areas for improvement.

The laboratory's Corrective Action process (Section 13) is integral to implementation of preventive actions. A critical piece of the corrective action process is the implementation of actions to prevent further occurrence of a non-compliance event. Historical review of corrective action provides a valuable mechanism for identifying preventive action opportunities.

**14.1.1** The following elements are part of a preventive action system:

- Identification of an opportunity for preventive action.
- Process for the preventive action.
- Define the measurements of the effectiveness of the process once undertaken.
- Execution of the preventive action.
- Evaluation of the plan using the defined measurements.
- Verification of the effectiveness of the preventive action.

Close-Out by documenting any permanent changes to the Quality System as a result of the Preventive Action. Documentation of Preventive Action is incorporated into the monthly QA reports, corrective action process, and management review.

**14.1.2** Any Preventive Actions undertaken or attempted shall be taken into account during the Annual Management Review (Section 17). A highly detailed recap is not required; a simple recount of success and failure within the preventive action program will provide management a measure for evaluation.

## SECTION 15.0

### CONTROL OF RECORDS (NELAC 5.4.12)

TestAmerica Burlington maintains a record system appropriate to its needs and that complies with applicable standards or regulations as required. The system produces unequivocal, accurate records that document all laboratory activities. The laboratory retains all original observations, calculations and derived data, calibration records and a copy of the analytical report for a minimum of five years after it has been issued.

#### 15.1 OVERVIEW

The laboratory has established procedures for identification, collection, indexing, access, filing, storage, maintenance and disposal of quality and technical records. These procedures are described in laboratory SOP BR-QA-0014 Laboratory Records. A record index is listed in Table 15-1. Raw data, analytical records, lab reports are maintained electronically or by various lab sections. Records are of two types; either electronic or hard copy paper formats depending on whether the record is computer or hand generated (some records may be in both formats).

**Table 15-1. Record Index<sup>1</sup>**

Technical Records	Official Documents	QA Records	Project Records	Administrative Records
<b>Retention:</b> 5 Years from analytical report issue*	5 Years from document retirement date*	5 Years from archival* <b>Data Investigation:</b> 5 years or the life of the affected raw data storage whichever is greater (beyond 5 years if ongoing project or pending investigation)	5 Years from analytical report issue*	<b>Personnel:</b> 7 Years (HR Records must be maintained as per Policy CW-L-P-001) <b>Finance:</b> See Accounting and Control Procedures Manual
Raw Data	Quality Assurance Manual (QAM)	Internal and External Audits/ Responses	Sample receipt and COC Documentation	Finance and Accounting
Logbooks <sup>2</sup>	Work Instructions	Certifications	Contracts and Amendments	EH&S Manual, Permits, Disposal Records
Standards	SOPs	Corrective/Preventive Action	Correspondence	Employee Handbook
Certificates  Analytical Records	Manuals	Management Reviews	QAPP	Personnel files, Employee Signature & Initials, Administrative Training Records (e.g., Ethics)
		Method & Software Validation, Verification data	SAP	
		Data Investigation	Telephone Logbooks	
	Policies		Lab Reports	Technical Training Records

<sup>1</sup> Record Types encompass hardcopy and electronic records.

<sup>2</sup> Examples of Logbook types: Maintenance, Instrument Run, Preparation (standard and samples), Standard and Reagent Receipt, Archiving, Balance Calibration, Temperature (hardcopy or electronic records).

\* Exceptions listed in Table 15-2.

All records are legible and stored and retained in such a way that they are secure and readily retrievable at the laboratory facility or an offsite location that provides a suitable environment to prevent damage or deterioration and to prevent loss. Records are maintained on-site at the laboratory for at least 1 year after their generation and may then be moved offsite for the remainder of the required storage time. Records are maintained for a minimum of five years unless otherwise specified by a client or regulatory requirement.

For raw data and project records, record retention shall be calculated from the date the project report is issued. For other records, such as Controlled Documents, QA, or Administrative Records, the retention time is calculated from the date the record is formally retired. Records related to the programs listed in Table 15-2 have lengthier retention requirements and are subject to the requirements in Section 15.1.3. Policy CW-L-P-001 (Record Retention) provides additional information on record retention requirements.

#### **15.1.1 Programs with Longer Retention Requirements**

Some regulatory programs have longer record retention requirements than the standard record retention time. These are detailed in Table 15-3 with their retention requirements. In these cases, the longer retention requirement is enacted. If special instructions exist such that client data cannot be destroyed prior to notification of the client, the container or box containing that data is marked as to who to contact for authorization prior to destroying the data.

**Table 15-2. Special Record Retention Requirements**

<b>Program</b>	<b><sup>1</sup>Retention Requirement</b>
Drinking Water – All States	10 years (project records)
Drinking Water Lead and Copper Rule	12 years (project records)
Commonwealth of MA – All environmental data 310 CMR 42.14	10 years
NY Potable Water NYCRR Part 55-2	10 years

<sup>1</sup>Note: Extended retention requirements must be noted with the archive documents or addressed in facility-specific records retention procedures.

**15.1.2** All records are held secure and in confidence. Records maintained at the laboratory are located at the laboratory facility in South Burlington, Vermont. Records archived off-site are stored in a secure location where a record is maintained of any entry into the storage facility. Logs are maintained in each storage box to note removal and return of records.

**15.1.3** The laboratory has procedures to protect and back-up records stored electronically and to prevent unauthorized access to or amendment of these records. All analytical data is maintained as hard copy or in a secure readable electronic format. For analytical reports that are maintained as copies in PDF format, see section 20.12.1 'Computer and Electronic Data Related Requirements' and laboratory SOP BR-QA-0014 Laboratory Records for more information.

**15.1.4** The record keeping system allows for historical reconstruction of all laboratory activities that produced the analytical data, as well as rapid recovery of historical data (Records stored off site should be accessible within 2 days of a request for such records). The history of the sample from when the laboratory took possession of the samples must be readily understood through the documentation.

- The records include the identity of personnel involved in sampling, sample receipt, preparation, or testing. All analytical work contains the initials (at least) of the personnel involved. The laboratory's copy of the chain of custody is stored with the invoice and the work order sheet generated from the log-in. The chain of custody would indicate the name of the sampler. If any sampling notes are provided with a work order, they are kept with this package.
- All information relating to the laboratory facilities equipment, analytical test methods, and related laboratory activities, such as sample receipt, sample preparation, or data verification are documented.
- The record keeping system facilitates the retrieval of all working files and archived records for inspection and verification purposes (e.g., set format for naming electronic files, set format for what is included with a given analytical data set. Instrument data is stored sequentially by instrument. A given day's analyses are maintained in the order of the analysis. Run logs are maintained for each instrument or method; a copy of each day's run log or instrument sequence is stored with the data to aid in re-constructing an analytical sequence. Where an analysis is performed without an instrument, bound logbooks or bench

sheets are used to record and file data. Standard and reagent information is recorded in logbooks or entered into an electronic record keeping system designed for this purpose.

- Changes to hardcopy records shall follow the procedures outlined in Section 13 and 20. Changes to electronic records or instrument data are recorded in audit trails.
- The reason for a signature or initials on a document is clearly indicated in the records such as “sampled by,” “prepared by,” “reviewed by”, or “analyzed by”.
- All generated data except those that are generated by automated data collection systems, are recorded directly, promptly and legibly in permanent dark ink.
- Hard copy data may be scanned into PDF format for record storage as long as the scanning process can be verified in order to ensure that no data is lost and the data files and storage media must be tested to verify the laboratory’s ability to retrieve the information prior to the destruction of the hard copy that was scanned. The procedure for this verification can be found in SOP LP-QA-0014 Laboratory Records.
- Also refer to Section 20.13.1 ‘Computer and Electronic Data Related Requirements’.

## **15.2 TECHNICAL AND ANALYTICAL RECORDS**

**15.2.1** The laboratory retains records of original observations, derived data and sufficient information to establish an audit trail, calibration records, staff records and a copy of each analytical report issued, for a minimum of five years unless otherwise specified by a client or regulatory requirement (refer to Section 15.1). The records for each analysis shall contain sufficient information to enable the analysis to be repeated under conditions as close as possible to the original. The records shall include the identity of laboratory personnel responsible for the performance of each analysis and checking of results.

**15.2.2** Observations, data and calculations are recorded at the time they are made and are identifiable to the specific task.

**15.2.3** Changes to hardcopy records shall follow the procedures outlined in Section 13 and 20. Changes to electronic records in LIMS or instrument data are recorded in audit trails. The essential information to be associated with analysis, such as strip charts, tabular printouts, computer data files, analytical notebooks, and run logs, include

- laboratory sample ID code;
- Date of analysis and time of analysis if the holding time is seventy-two (72) hours or less, or when time critical steps are included in the analysis (e.g., drying times, incubations, etc.); instrumental analyses have the date and time of analysis recorded as part of their general operations. Where a time critical step exists in an analysis, the time is documented on the benchsheet.
- Instrumentation identification and instrument operating conditions/parameter are included in the method SOP.
- analysis type;

- all manual calculations and manual integrations;
- analyst's or operator's initials/signature;
- sample preparation including cleanup, separation protocols, volumes, weights, instrument printouts, meter readings, calculations, reagents;
- test results;
- standard and reagent origin, receipt, preparation, and use;
- calibration criteria, frequency and acceptance criteria;
- data and statistical calculations, review, confirmation, interpretation, assessment and reporting conventions;
- quality control protocols and assessment;
- electronic data security, software documentation and verification, software and hardware audits, backups, and records of any changes to automated data entries; and
- Method performance criteria including expected quality control requirements. These are indicated on specific analytical report formats.

### **15.3      LABORATORY SUPPORT ACTIVITIES**

In addition to documenting all the above-mentioned activities, the following are retained as QA, technical or project records (previous discussions in this section relate where and how these data are stored):

- all original raw data, whether hard copy or electronic, for calibrations, samples and quality control measures, including analysts' work sheets and data output records (chromatograms, strip charts, and other instrument response readout records);
- a written description or reference to the specific test method used which includes a description of the specific computational steps used to translate parametric observations into a reportable analytical value;
- copies of final reports;
- archived SOPs;
- correspondence relating to laboratory activities for a specific project;
- all corrective action reports, audits and audit responses;
- proficiency test results and raw data; and
- results of data review, verification, and crosschecking procedures

#### **15.3.1      Sample Handling Records**

Sample handling and tracking is discussed in Section 24. Records of all procedures to which a sample is subjected while in the possession of the laboratory are maintained. These include but are not limited to records pertaining to:

- sample preservation including appropriateness of sample container and compliance with holding time requirement;

- sample identification, receipt, acceptance or rejection and login;
- sample storage and tracking including shipping receipts, sample transmittal / COC forms; and
- procedures for the receipt and retention of samples, including all provisions necessary to protect the integrity of samples.

#### **15.4 ADMINISTRATIVE RECORDS**

The laboratory also maintains the administrative records in either electronic or hard copy form. See Table 15-1.

#### **15.5 RECORDS MANAGEMENT, STORAGE AND DISPOSAL**

**15.5.1** All records (including those pertaining to test equipment), certificates and reports are safely stored, held secure and in confidence to the client. Certification related records are available to the accrediting body upon request.

**15.5.2** All information necessary for the historical reconstruction of data is maintained by the laboratory. Records that are stored only on electronic media must be supported by the hardware and software necessary for their retrieval.

**15.5.3** Records that are stored or generated by computers or personal computers have hard copy, write-protected backup copies, or an electronic audit trail controlling access.

**15.5.4** TestAmerica Burlington has a record management system for control of laboratory notebooks, instrument logbooks, standards logbooks, and records for data reduction, validation, storage and reporting. Laboratory logbooks are numbered sequentially and no procedure has more than one active notebook at a time, so all data are recorded sequentially within a series of sequential notebooks. Bench sheets are filed sequentially in logbooks designated for this purpose.

**15.5.5** Records are archived in the laboratory warehouse or moved to an off-site storage facility. Access to archived hard-copy information is documented with an access log and in/out records are used in archived boxes to note data that is removed and returned. All records shall be protected against fire, theft, loss, environmental deterioration, and vermin. In the case of electronic records, electronic or magnetic sources, storage media are protected from deterioration caused by magnetic fields and/or electronic deterioration. Access to the data is limited to laboratory and company employees.

**15.5.6** In the event that the laboratory transfers ownership or goes out of business, TestAmerica Burlington shall ensure that the records are maintained or transferred according to client's instructions. Upon ownership transfer, record retention requirements shall be addressed in the ownership transfer agreement and the responsibility for maintaining archives is clearly established. In addition, in cases of bankruptcy, appropriate regulatory and state legal requirements concerning laboratory records must be followed. In the event of the closure of the laboratory, all records will revert to the control of the corporate headquarters. Should the entire company cease to exist, as much notice as possible will be given to clients and the accrediting bodies who have worked with the laboratory during the previous 5 years of such action.

**15.5.7 Records Disposal**

- 15.5.7.1** Records are removed from the archive and disposed after 5 years unless otherwise specified by a client or regulatory requirement. On a project specific or program basis, clients may need to be notified prior to record destruction. Records are destroyed in a manner that ensures their confidentiality such as shredding, mutilation or incineration.
- 15.5.7.2** Electronic copies of records must be destroyed by erasure or physically damaging off-line storage media so no records can be read.
- 15.5.7.3** If a third party record management company is hired to dispose of records, a "Certificate of Destruction" is required. [Refer to Policy No. CW-L-P-001 (Records Retention).]

## SECTION 16

### AUDITS (NELAC 5.4.13)

#### 16.1 OVERVIEW

Audits measure laboratory performance and insure compliance with accreditation/certification and project requirements. Audits specifically provide management with an on-going assessment of the quality of results produced by the laboratory, including how well the policies and procedures of the QA system and the Ethics and Data Integrity Program are being executed. They are also instrumental in identifying areas where improvement in the QA system will increase the reliability of data. There are two principle types of audits: Internal and External. Internal audits are performed by laboratory or corporate personnel. External audits are conducted by regulators, clients or third-party auditing firms. In either case, the assessment to program requirements is the focus.

**Table 16-1. Audit Types and Frequency**

Internal Audits	Description	Performed by	Frequency
	Analyst & Method Compliance	QA Department or Designee	- 100% of all methods over a two year period. - 100% of all analysts annually.
	Instrument	QA Department or Designee	100% of all organic instruments and any inorganic chromatography instruments. -Once every 2 years.
	Work Order/ Final Report	QA Department or Designee	- 1 complete report each month.
	Support Systems	QA Department or Designee	- Annual for entire labs support departments & equipment (e.g., thermometers, balances), can be divided into sub-sections over the course of the year.
	Performance Audits (Double-Blind PTs)	Corporate QA, Laboratory QA Department or Designee	- As needed.
	Special	QA Department or Designee	- As Needed
External Audits	Description	Performed by	Frequency
	Program / Method Compliance	Regulatory Agencies, Clients, accreditation organizations	- As required by program and/or clients needs
	Performance Audits	Provided by a third party.	- As required by a client or regulatory agency. Generally provided semi-annually through the analysis of PT samples.

#### 16.2 INTERNAL AUDITS

Annually, the laboratory prepares a schedule of internal audits to be performed throughout the year. As previously stated, these audits verify and monitor that operations continue to comply with the requirements of the laboratory's QA Manual and the Corporate Ethics Program. A

schedule of the internal audits is maintained by the QA Manager in the *Internal Audit Workbook*. An example can be found in Attachment 1.

It is the responsibility of the QA Manager to plan and organize audits in consideration of the laboratory work load and the department personnel schedules so that all pertinent personnel and operations are thoroughly reviewed. When designees (other than QA department personnel & approved by the QA Manager), perform audits, the QA Manager shall insure that these persons do not audit their own activities except when it can be demonstrated that an effective audit will be carried out. In general, the auditor:

- is neither the person responsible for the process being audited nor the immediate supervisor of the person responsible for the project/process.
- Is free of any conflicts of interest.
- Is free from bias and influences that could affect objectivity.

Laboratory personnel (e.g., supervisors and analysts) may assist with both method and support system audits as long as the items listed in the above paragraph are observed. These audits are conducted according to defined criteria listed in the checklists of the *Internal Audit Workbook*. These personnel must be approved by the QA Manager; and must complete the audit checklists in their entirety. This process introduces analyst experience and insight into the laboratory's auditing program.

The auditor must review the previous audit report and identify all items for verification of corrective actions. A primary focus will be dedicated to the ability of the laboratory to correct root-cause deficiencies and that the corrective action has been implemented and sustained as documented.

### **16.2.1 Systems**

An annual systems audit is required to ensure compliance to analytical methods and SOPs, the laboratory's Data Integrity and Ethics Policies, NELAC and DoD QSM quality system and client and State requirements. This audit is performed in portions throughout the year through method, analyst, instrument, work order/final report and support system audits. Systems audits cover all departments of the facility, both operational and support. The multiple audits are compiled into one systems audit package at the end of the year (*Internal Audit Workbook*).

#### **16.2.1.1 Method, Analyst, Instrument and Work Order/Final Report Audits**

Procedures for the method compliance, analyst, instrument and work order/final report audits are incorporated by reference to SOP No. CA-Q-S-004, Method Compliance and Data Authenticity Audits. These audits are not mutually exclusive. For example, the performance of a method audit will also cover multiple analysts and instruments. The laboratory's goal is to review all analysts and instruments as described in SOP No. CA-Q-S-004. The laboratory will also audit all methods within a two year time period and audit a minimum of one Work Order/Final Report from receiving through reporting on a monthly basis.

#### **16.2.1.2 Support Systems**

Support system audits are performed to ensure that all departments & ancillary equipment are operating according to prescribed criteria. Support system audits include the review of both non-analytical and operational departments. Support equipment audits (e.g., metrology items) include the review of balance calibrations, weight calibrations; water quality testing, etc.. Non-analytical may include sample receiving and bottle preparation. These types of support audits ensure that the operations are being performed to support ethical data as well as ensuring the accuracy & precision of the utilized equipment.

These audits can be performed in portions throughout the year or in one scheduled session. However, the audit schedule must document that these aspects are reviewed annually. Many of the metrology systems are considered to be surveillance activities that can be monitored by QA personnel or delegated to specified department personnel. These surveillance activities are performed on a semi-annual basis unless issues warrant a greater frequency or previous audits continually showing no deficiencies allow the frequency to be reduced to once a year.

An example audit checklist can be found in 16-1. Instructions for reporting findings are included in the *Internal Audit Workbook*. In general, findings are reported to management within 1 week of the audit and a response is due from management within 30 days.

#### **16.2.2 Performance Audits**

Corporate QA may arrange for double blind PT studies to be performed in the laboratories. Results are given to Management and corrective actions of any findings are coordinated at each facility by the QA Managers and Laboratory Directors/Managers. These studies are performed on an as needed basis. They may be performed when concerns are raised regarding the performance of a particular method in specific laboratories, periodically to evaluate methods that may not normally be covered in the external PT program or may be used in the process of developing best practices. The local QA Manager may also arrange for PT studies on an as needed basis. (Refer to Section 16.3.2 for additional information on Performance Audits.)

#### **16.2.3 Special Audits**

Special audits are conducted on an as needed basis, generally as a follow up to specific issues such as client complaints, corrective actions, PT results, data audits, system audits, validation comments, regulatory audits or suspected ethical improprieties. Special audits are focused on a specific issue, and report format, distribution, and timeframes are designed to address the nature of the issue.

### **16.3 EXTERNAL AUDITS**

TestAmerica facilities are routinely audited by clients and external regulatory authorities. External audits are performed when certifying agencies or clients conduct on-site inspections or submit performance testing samples for analysis. It is TestAmerica's policy to cooperate fully with regulatory authorities and clients. The laboratory makes every effort to provide the auditors with access to personnel, documentation, and assistance. The laboratory's department managers are responsible for providing corrective actions to the QA Manager who coordinates the response for any deficiencies discovered during an external audit. Audit responses are due

in the time allotted by the client or agency performing the audit. This time frame is generally 30 days.

Be aware that NELAC requires that the audit response report be acceptable to the primary accrediting authority after the second submittal. The lab shall have accreditation revoked for all or any portion of its scope of a accreditation for any or all fields of testing, a method, or analyte within a field of testing if it is not corrected.

TestAmerica Burlington cooperates with clients and their representatives to monitor the laboratory's performance in relation to work performed for the client. The client may only view data and systems related directly to the client's work. All efforts are made to keep other client information confidential.

### **16.3.1 Confidential Business Information (CBI) Considerations**

During on-site audits, on-site auditors may come into possession of information claimed as business confidential. A business confidentiality claim is defined as "a claim or allegation that business information is entitled to confidential treatment for reasons of business confidentiality or a request for a determination that such information is entitled to such treatment." When information is claimed as business confidential, the laboratory must place on (or attach to) the information at the time it is submitted to the auditor, a cover sheet, stamped or typed legend or other suitable form of notice, employing language such as "trade secret", "proprietary" or "company confidential". Confidential portions of documents otherwise non-confidential must be clearly identified. CBI may be purged of references to client identity by the responsible laboratory official at the time of removal from the laboratory. However, sample identifiers may not be obscured from the information. Additional information regarding CBI can be found in the 2003 NELAC standards.

### **16.3.2 Performance Audits**

The laboratory is involved in performance audits conducted as needed to comply with various regulatory programs through the analysis of proficiency test (PT) samples provided by a third party. The laboratory routinely participates in the following types of PT studies: Water Supply (WS), Water Pollution (WP) Soil and Underground Storage Tank (UST).

- It is TestAmerica's policy that PT samples be treated as typical samples in the production process. Further, where PT samples present special or unique problems in the regular production process they may need to be treated differently, as would any special or unique request submitted by any client. The QA Manager must be consulted and in agreement with any decisions made to treat a PT sample differently due to some special circumstance.
- PTs generally do not have holding times associated with them. In the absence of any holding time requirement, it is recommended that the holding time begin when the PT sample is prepared according to the manufacturers instructions. Holding times may be applied to full volume PT samples when the provider gives a meaningful "sampling date". If this is not provided, it is recommended that the date/time of opening of the full volume sample be considered the beginning of holding time.

- The documentation received with the PT samples will be used as the COC for log-in purposes.
- Vials will be prepared as required in the instruction set provided with the samples. After preparation to full volume the sample may be spiked, digested, concentrated, etc., as would be done for any normal sample requiring similar analysis.
- PT samples will not undergo multiple preps, multiple runs, multiple methods (unless being used to evaluate multiple methods), multiple dilutions, UNLESS this is what would be done to a normal client sample (e.g. if a client requests, as PT clients do, that we split VOA coeluters, then dual analysis IS normal practice).
- The type, composition, concentration and frequency of quality control samples analyzed with the PT samples shall be the same as with routine environmental samples.
- Instructions may be included in the laboratory's SOPs for how low level samples are analyzed, including concentration of the sample or adjustment of the normality of titrant. When a PT sample falls below the range of the routine analytical method, the low-level procedure may be used.
- No special reviews shall be performed by operation and QA, UNLESS this is what would be done to a normal client sample. To the degree that special report forms or login procedures are required by the PT supplier, it is reasonable that the laboratory WOULD apply special review procedures, as would be done for any client requesting unusual reporting or login processes.
- Written responses to unacceptable PT results are required. In some cases it may be necessary for blind QC samples to be submitted to the laboratory to show a return to control.

#### **16.4      AUDIT FINDINGS**

Internal or External Audit findings are documented. The laboratory is expected to prepare a response to audit findings within 30 days of receipt of an audit report unless the report specifies a different time frame. The response may include action plans that could not be completed within the 30 day timeframe. In these instances, a completion date must be set and agreed to by operations management and the QA Manager.

Responsibility for developing and implementing corrective actions to findings is the responsibility of the Department Manager where the finding originated. Findings that are not corrected by specified due dates are reported monthly to management in the QA monthly report.

If any audit finding casts doubt on the effectiveness of the operations or on the correctness or validity of the laboratory's test results, the laboratory shall take timely corrective action, and shall notify clients in writing if the investigations show that the laboratory results have been affected. Once corrective action is implemented, a follow-up audit is scheduled to ensure that the problem has been corrected. The procedures must be in accordance to SOP No. CA-L-S-001, Internal Investigations of Data Discrepancies and Determination of Data Recall.

Clients must be notified promptly in writing, of any event such as the identification of defective measuring or test equipment that casts doubt on the validity of results given in any test report or amendment to a test report. The investigation must begin within 24-hours of discovery of the problem and all efforts are made to notify the client within two weeks after the completion of the investigation.

Figure 16-1.

Example - Internal Audit Workbook



TestAmerica <Name>  
 Last Updated: 9/10/2007

Workbook Instruction No. CA-Q-WI-011

Internal Audit Workbook  
 Summary Page

**Note:** Click on the (Summary Page) to located on each audit sheet to return to this page.

\* The lab may choose to audit these areas with each method/analyst/instrument audit. The auditor must document on the checklist that this item is audited as part of the <defined> audit.

	Area Audited	Audit Type	Audit Cycle	Scheduled	Date Audited	Date Closed	Comments
	(Click on the Area to get to that Spreadsheet)						
1	Balances	System	6 mo				
2	Temperature Logs/Thermometers	System	6 mo				
3	Sample Storage and Disposal	System	1 yr				
4	Maintenance Logs *	System	6 mo				
5	Volatile Storage Blanks	System	6 mo				
6	Lab Water Quality Testing	System	6 mo				
7	Sample Log In	System	1 yr				
8	Shipping Procedures	System	1 yr				
9	Computer Operations (LIMS)	System	1 yr		Pending Corp. IT Policies		
10	SOP & Document Distribution System	System	1 yr				
11	Archiving Electronic & Paper Records	System	1 yr		Pending Corp. IT Policies		
12	Statistical Process Control	System	1 yr				
13	Data Review System	System	1 yr				
14	Final Report Generation	System	1 yr				
15	Standards/Reagents *	System	6 mo				
16	Manual Integration *	System	1 yr				
17	Corrective Action System	System	1 yr				
18	Training Records	System	6 mo				
19	MDLs	System	1 yr				
20	SOPs - Prep/Review/Update Process	System	1 yr				
21	Purchasing/Procurement	System	1 yr				
22	Eppendorf/Diluter/Dispenser Calibration Check	System	6 mo				
23	Subcontract Lab Approval	System	1 yr				
24	Customer Complaint System	System	1 yr				
25	Methods	Method	2 yr				



TestAmerica <Location>

**INTERNAL AUDIT - Shipping Procedures**

[ Printed Name(s) or Date(s) ]

(Summary Page)

Area Audited:

Auditor:

Date:

Persons Contacted During Audit:

Date Reported to Department Manager:

Reported To:

Date Reported to Lab Director/Manager:

Reported To:

Date Response Due:

Response Received and Accepted by QA Manager:

Associated Corrective Action Report Number(s):

Scheduled Follow-up:

Item	Requirement	Ref.	Y	N	NA	Evidence/Comments	Follow Up	
1	Is the SOP available & current (hardcopy or electronic)? SOP No./Eff. Date:	5.5.4.1 5.5.6.1 5.5.8.1						
2	Does shipping conduct and document testing of coolers per the requirements of 49 CFR 173.4?							
3	Was DOT training conducted and documented for employees who are authorized to ship hazardous materials?					<u>Auditor Note:</u> These employees must receive this training at least once every 3 years or when there are major changes in the regulations.		
4	Was the shipping SOP updated to include the nitric regulation found in 49 CFR 173.4 (nitric can only be shipped at a less than 20% concentration through the air)	Internal						
5	Were the proper concentrations and amounts of acids, bases and flammables being used for preservation?					<u>Auditor Note:</u> Attached or reference the Work Instruction that contains this info.		
6	Were the proper labels being used for DOT shipping (domestic air shipping which states, "This package conforms with 49 CFR 173.4") IATA shipping (for international shipping, no nitric is allowed) and proper USDA regulated soils?							
7	<b>Verify Corrective Actions from previous systems audits. List Items:</b>							
8								
9								
10								

Auditor Signature: \_\_\_\_\_

Figure 16-2.

Example – Internal Audit System Checklist: Corrective Actions



(Summary Page)

TestAmerica <Location>

INTERNAL AUDIT - Corrective Actions

[ Printed Name(s) or Date(s) ]

Area Audited: \_\_\_\_\_  
 Auditor: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Persons Contacted During Audit: \_\_\_\_\_  
 Date Reported to Department Manager: \_\_\_\_\_  
 Reported To: \_\_\_\_\_  
 Date Reported to Lab Director/Manager: \_\_\_\_\_  
 Reported To: \_\_\_\_\_  
 Date Response Due: \_\_\_\_\_  
 Response Received and Accepted by QA Manager: \_\_\_\_\_  
 Associated Corrective Action Report Number(s): \_\_\_\_\_  
 Scheduled Follow-up: \_\_\_\_\_

Item	Requirement	Ref.	Y	N	NA	Evidence/Comments	Follow Up	
1	Does the laboratory have a corrective action program in place?	5.4.10.1						
2	Does the laboratory have a current corrective action SOP or is this information in the QA Manual?	5.4.10.1						
3	Do all laboratory personnel have documented training and access to initiate corrective actions?	5.4.10.1						
4	Are causes clearly identified by department, staff name, scope of issue (how many reports affected)?	5.4.10.6						
5	Is a root cause for the issue identified?	5.4.10.2						
6	Is a corrective action (plan) clearly described?							
7	Was the corrective action fully implemented?							
8	Is documentation (if applicable) completed as specified by the corrective action (training, revised SOP, etc)							
9	Has a follow-up assessment been conducted to verify the corrective action was successful?							
10	Are corrective actions reviewed on a regular basis by management?	5.4.10.6a 5						
11	Is there a defined distribution flow for corrective action notification, review, closure, and follow-up?	5.4.10.6a						
12	Are non-conformances reviewed on a regular basis and used, if necessary, to initiate root cause corrective actions?							
13	Does the lab have a documented procedure for QC corrective action (i.e., documented within each method / parameter SOP or in the QA Manual)?	4.10.1						
14	<b>Verify Corrective Actions from previous systems audits. List Items:</b>							
15								
16								
17								

Auditor Signature: \_\_\_\_\_

Primary Reference(s): Corporate SOP CA-Q-S-002, Acceptable Manual Integration Practices  
 NELAC Standard, June 2003  
 DoD Quality Systems Manual, Version 3, January 2006  
 EPA Manual for the Certification of Laboratories Analyzing Drinking Water

## SECTION 17

### MANAGEMENT REVIEWS (NELAC 5.4.14)

#### 17.1 QUALITY ASSURANCE REPORT

A comprehensive QA Report shall be prepared each month by the laboratory's QA Department and forwarded to the Laboratory Director for review and comments. The final report shall be submitted to the Laboratory Director as well as the appropriate Quality Director and General Manager. All aspects of the QA system are reviewed to evaluate the suitability of policies and procedures. At a minimum, the report content will contain the items listed below. During the course of the year, the Laboratory Director, General Manager or Corporate QA may request that additional information be added to the report.

The TestAmerica QA Report template is comprised of a discussion of three key QA issues facing the laboratory and ten specific sections (Figure 17-1):

- **Metrics:** Describe actions or improvement activities underway to address any outlying quality metrics that have been reported in the monthly Quality System Metrics Table.
- **SOPs:** Report SOPs that have been finalized and report status of any outstanding SOP reviews.
- **Corrective Actions:** Describe highlights and the most frequent cause for report revisions and corrective/preventive action measures underway. Include a discussion of any recalls handled at the lab level as per Section 6.2.2 in the Investigation/Recall SOP (SOP: CA-L-S-001). Include a section for client feedback and complaints. Include both positive and negative feedback. Describe the most serious client complaints and resolutions in progress.
- **MDLs and Control Limits:** Report which MDLs/ MDL verifications are due. Report the same for Control Limits.
- **Audits:** Report Internal and External Audits that were conducted. Include all relevant information such as which methods, by whom, corrective actions needed by when and discuss unresolved audit findings.
- **Performance Testing (PT) Samples:** Report the PT tests that are currently being tested with their due dates, report recent PT results by study, acceptable, total reported and the month and year.
- **Certifications:** Report on any certification programs being worked on by due date, packages completed. Describe any issues, lapses, or potential revocations.
- **Regulatory Updates:** Include information on new state or federal regulations that may impact the laboratory. Report new methods that require new instrumentation, deletion of methods, changes in sampling requirements and frequencies etc...
- **Miscellaneous:** Include any issues that may impact quality within the laboratory.
- **Next Month:** Report on plans for the upcoming month.
- **Lab Director Comments Section:** This section gives the Laboratory Director the opportunity to comment on issues discussed in the report and to document plans to resolve

these issues. Unresolved issues that reappear in subsequent monthly reports must be commented on by the Laboratory Director.

- **Quality System Metrics Table:** The report also includes statistical results that are used to assess the effectiveness of the quality system. Effective quality systems are the responsibility of the entire laboratory staff. Each laboratory provides their results in the template provided by Corporate QA (Figure 17.2).

On a monthly basis, Corporate QA compiles information from all the monthly laboratory reports. The VP-QA/EHS prepares a report that includes a compilation of all metrics and notable information and concerns regarding the QA programs within the laboratories. The report also includes a listing of new regulations that may potentially impact the laboratories. This report is presented to the Analytical Division Senior Management Team and General Managers.

## **17.2 ANNUAL MANAGEMENT REVIEW**

The senior lab management team conducts an annual review of its quality systems and LIMS to ensure its continuing suitability and effectiveness in meeting client and regulatory requirements and to introduce any necessary changes or improvements. Corporate Operations and Corporate QA personnel may be included in this meeting at the discretion of the Laboratory Director. The LIMS review consists of examining any audits, complaints or concerns that have been raised through the year that are related to the LIMS. The laboratory will summarize any critical findings that can not be solved by the lab and report them to Corporate IT.

This review uses information generated during the preceding year to assess the “big picture” by ensuring that routine quality actions taken and reviewed on a monthly basis are not components of larger systematic concerns. The monthly review (refer to Section 17.1) should keep the quality systems current and effective, therefore, the annual review is a formal senior management process to review specific existing documentation. Significant issues from the following documentation are compiled or summarized by the QA Manager prior to the review meeting:

- Matters arising from the previous annual review.
- Prior Monthly QA Reports issues.
- Laboratory QA Metrics.
- Review of report reissue requests.
- Review of client feedback and complaints.
- Issues arising from any prior management or staff meetings.
- Information from prior Senior Management team meetings. Issues that may be raised from these meetings include:
  - Adequacy of staff, equipment and facility resources.
  - Adequacy of policies and procedures.
  - Future plans for resources and testing capability and capacity.
- The annual internal double blind PT program sample performance (if performed),
- Compliance to the Ethics Policy and Data Integrity Plan. Including any evidence/incidents of inappropriate actions or vulnerabilities related to data Integrity.

The annual review includes the previous 12 months. Based on the annual review, a report is generated by the QA Manager and management. The report is distributed to the appropriate General Manager and the Quality Director. The report includes, but is not limited to:

- The date of the review and the names and titles of participants.
- A reference to the existing data quality related documents and topics that were reviewed.
- Quality system or operational changes or improvements that will be made as a result of the review [e.g., an implementation schedule including assigned responsibilities for the changes (Action Table)].

The QA Manual is also reviewed at this time and revised to reflect any significant changes made to the quality systems.

### **17.3 POTENTIAL INTEGRITY RELATED MANAGERIAL REVIEWS**

Potential integrity issues (data or business related) must be handled and reviewed in a confidential manner until such time as a follow-up evaluation, full investigation, or other appropriate actions have been completed and issues clarified. The Corporate Data Investigation/ Recall SOP shall be followed (SOP No. CA-L-S-001). All investigations that result in finding of inappropriate activity are documented and include any disciplinary actions involved, corrective actions taken, and all appropriate notifications of clients.

The Chairman/CEO, President/CEO, COOs and Quality Directors receive a monthly report from the VP of Quality and EHS summarizing any current data integrity or data recall investigations as described in SOP No. CA-L-S-001. The General Manager's are also made aware of progress on these issues for their specific labs.

**Figure 17-1.**

**Example - QA Monthly Report to Management**

LABORATORY: x  
PERIOD COVERED: Month/Year  
PREPARED BY: x      DATE: Month Day, Year  
DISTRIBUTED TO: xx (Include LD, GM, QA Director, etc...)

THREE KEY ISSUES FOR MONTH:

*Include a discussion of three key issues that were focused in on this month.*

1. x
  2. x
  3. x
- 

**1. METRICS**

*Describe actions or improvement activities underway to address any outlying quality metrics.*

**2. SOPs**

See Tab for SOP specifics.

The following SOPs were finalized (or reviewed for accuracy): (See Tab)

The following SOPs are due to QA: xx

In QA to complete: xx

**3. CORRECTIVE ACTION**

Highlights: xx

Revised Reports:

*Describe the most frequent cause for report revisions and corrective/preventive action measures underway.*

Data Investigations/Recalls (Corporate Data Investigation/Recall SOP ) :

*Include a discussion of any recalls handled at the lab level as Corp SOP.*

Client Feedback and Complaints:

*Include both positive and negative feedback.*

Describe the most serious client complaints) and resolutions in progress.

**4. MDLs AND CONTROL LIMITS**

MDLs Due:

Control Limits Due:

**5. AUDITS**

INTERNAL AUDITS

*Discuss Any Outstanding Issues (or Attach Summary):*

EXTERNAL AUDITS

*Discuss Any Outstanding Issues (or Attach Summary):*

**6. PT SAMPLES**

The following PT samples are now in house (Due Dates):

xx

**7. CERTIFICATIONS**

Certification Packages Being Worked On (Include Due Date):

x

Describe any issues, lapses, or potential revocations.

**8. REGULATORY UPDATE**

*Include information on new state or federal regulations that may impact the laboratory – new methods that require new instrumentation, deletion of methods, changes in sampling requirements or frequencies, ...*

**9. MISCELLANEOUS**

*Include any issues that may impact quality within the laboratory.*

**10. NEXT MONTH**

*Items planned for next month.*

LAB DIRECTOR COMMENTS AND PLANNED CORRECTIVE ACTIONS:	
LAB DIRECTOR REVIEW:	DATE:

**Figure 17-2.**

**Example - Laboratory Metrics Categories**

# Reports for month
# Reports revised due to lab error
<b>% Revised Reports</b>
<b># of Data Recall Investigations</b>
<b># of Reports Actually Recalled</b>
# Corrective Action Reports
# Corrective Action Reports still open
<b>Total Number of Unresolved Open Corrective Action Reports</b>
<b>% of Unresolved Open Corrective Action Reports</b>
# Reports independent QA reviewed
<b>% QA Data Review: Reports</b>
# Technical staff (Analysts/technicians, including Temps)
# of Analyst work product reviewed year-to-date
# of Analytical instruments w/electronic data file storage capability
# of Analytical instruments reviewed for data authenticity year-to-date
<b>% Analyst/Instrument Data Authenticity Audits</b>
<b># Client Complaints</b>
<b># Client Compliments</b>
# of planned internal audits
# of planned internal method audits performed year-to-date
<b>% Annual Internal Audits Complete</b>
<b># of Open Internal Audit Findings Past Due</b>
<b>Total Number of External Audit Findings</b>
<b># of Open External Audit Findings Past Due</b>
<b>% External Audit Findings Past Due</b>
# of PT analytes participated and received scores
# of PT analytes not acceptable
<b>% PT Cumulative Score</b>
<b># PT Repeat Analyte Failures Cumulative (analyte failed more than once in 4 consecutive studies by PT Type) (only applies to failed analytes)</b>
# SOPs

# SOPs Reviewed/revise within 24 months
# Methods or Administrative procedures without approved SOPs
<b>SOP Status</b>
<b>Method certification Losses due to performance/audit issues</b>
<b>Hold Time Violations due to lab error</b>
<b>Date of Last Comprehensive Ethics Training Session</b>
<b># Staff that haven't Received Comprehensive Ethics Training (&gt;30 Days From Employment Date)</b>
<b>MDL Status (Good, Fair, or Poor) &gt;90%, &gt;70%, &lt;70%</b>
<b>Training Documentation Records (Good, Fair, or Poor)</b>
<b>LQM Revision/review Date</b>
<b>QAM Updated to New Integrated Template</b>
<b>Last Annual Internal Audit Date (Opened, Closed)</b>
<b>Last Management QS Review Date</b>
#SOPs required for 12 month review cycle (DOD or drinking water)
#SOPs for 12 month cycle/revise within 12 months (Includes QS and Methods Listed in QSM)
<b>12 month % SOP Status</b> (Includes QS and Methods Listed in QSM)

## **SECTION 18**

### **PERSONNEL (NELAC 5.5.2)**

#### **18.1 OVERVIEW**

TestAmerica's management believes that its highly qualified and professional staff is the single most important aspect in assuring a high level of data quality and service. The staff consists of professionals and support personnel as outlined in the organization chart in Appendix 2.

All personnel must demonstrate competence in the areas where they have responsibility. Any staff that is undergoing training shall have appropriate supervision until they have demonstrated their ability to perform their job function on their own. Staff shall be qualified for their tasks based on appropriate education, training, experience and/or demonstrated skills as required.

The laboratory employs sufficient personnel with the necessary education, training, technical knowledge and experience for their assigned responsibilities.

All personnel are responsible for complying with all QA/QC requirements that pertain to the laboratory and their area of responsibility. Each staff member must have a combination of experience and education to adequately demonstrate a specific knowledge of their particular area of responsibility. Technical staff must also have a general knowledge of lab operations, test methods, QA/QC procedures and records management.

Laboratory management is responsible for formulating goals for lab staff with respect to education, training and skills and ensuring that the laboratory has a policy and procedures for identifying training needs and providing training of personnel. The training shall be relevant to the present and anticipated responsibilities of the lab staff.

The laboratory only uses personnel that are employed by or under contract to, the laboratory. Contracted personnel, when used, must meet competency standards of the laboratory and work in accordance to the laboratory's quality system.

#### **18.2 EDUCATION AND EXPERIENCE REQUIREMENTS FOR TECHNICAL PERSONNEL**

TestAmerica makes every effort to hire analytical staff that possess a college degree (AA, BA, BS) in an applied science with some chemistry in the curriculum. Exceptions to this requirement are made based upon the individual's experience and ability to learn because experience has shown that there are competent analysts and technicians in the industry who have not earned a college degree. However, some regulatory programs include minimum education requirements and when those are applicable the laboratory will adhere to those requirements. Selection of qualified candidates for laboratory employment begins with documentation of minimum education, training, and experience prerequisites needed to perform the prescribed task. Minimum education and training requirements for TestAmerica employees are outlined in job descriptions and are generally summarized for analytical staff in the table below.

The laboratory maintains job descriptions for all personnel who manage, perform or verify work affecting the quality of the environmental testing the laboratory performs. Job Descriptions are located on the TestAmerica intranet site's Human Resources web-page (Also see Section 4 for position descriptions/responsibilities).

Experience and specialized training are occasionally accepted in lieu of a college degree (basic lab skills such as using a balance, colony counting, aseptic or quantitation techniques, etc. are also considered).

As a general rule for analytical staff:

Specialty	Education	Experience
Extractions, Digestions, some electrode methods (pH, DO, Redox, etc.), or Titrimetric and Gravimetric Analyses	H.S. Diploma	On the job training (OJT)
GFAA, CVAA, FLAA, Single component or short list Chromatography (e.g., Fuels, BTEX-GC, IC	A college degree in an applied science or 2 years of college and at least 1 year of college chemistry	Or 2 years prior analytical experience is required
ICP, ICPMS, Long List or complex chromatography (e.g., Pesticides, PCB, Herbicides, HPLC, etc.), GCMS	A college degree in an applied science or 2 years of college chemistry	Or 5 years of prior analytical experience
Spectra Interpretation	A college degree in an applied science or 2 years of college chemistry	And 2 years relevant experience Or 5 years of prior analytical experience
Technical Directors and Department Managers – <b>General</b>	Bachelors Degree in an applied science or engineering.  Technical Directors must have 24 semester hours in chemistry	And 2 years experience in environmental analysis of representative analytes for which they will oversee  An advanced (MS, PhD.) degree may substitute for one year of experience

When an analyst does not meet these requirements, they can perform a task under the direct supervision of a qualified analyst, peer reviewer or Department Manager, and are considered an analyst in training. The person supervising an analyst in training is accountable for the quality of the analytical data and must review and approve data and associated corrective actions.

### 18.3 **TRAINING**

TestAmerica is committed to furthering the professional and technical development of employees at all levels.

Orientation to the laboratory’s policies and procedures, in-house method training, and employee attendance at outside training courses and conferences all contribute toward employee proficiency. Below are examples of various areas of required employee training:

Required Training	Time Frame*	Employee Type
Environmental Health & Safety	Refer to EH&S Manual	All
Ethics – New Hires	1 week of hire	All
Ethics - Comprehensive	90 days of hire	All
Data Integrity	30 days of hire	Technical and PMs
Quality Assurance	90 days of hire	All
Ethics – Comprehensive Refresher	Annually	All
Initial Demonstration of Capability (DOC)	Prior to unsupervised method performance	Technical

The laboratory maintains records of relevant authorization/competence, education, professional qualifications, training, skills and experience of technical personnel (including contracted personnel) as well as the date that approval/authorization was given. These records are kept on file at the laboratory. Also refer to “Demonstration of Capability” in Section 20.

The training of technical staff is kept up to date by:

- Each employee must have documentation in their training file that they have read, understood and agreed to follow the most recent version of the laboratory QA Manual and SOPs in their area of responsibility. This documentation is updated as SOPs are updated.
- Documentation from any training courses or workshops on specific equipment, analytical techniques or other relevant topics are maintained in their training file.
- Documentation of proficiency (refer to Section 20).
- An Ethics Agreement signed by each staff member (renewed each year) and evidence of annual ethics training.
- A Confidentiality Agreement signed by each staff member signed at the time of employment.
- Human Resources maintains documentation and attestation forms on employment status & records; benefit programs; timekeeping/payroll; and employee conduct (e.g., ethics). This information is maintained in the employee’s secured personnel file.

Further details of the laboratory’s training program are described in laboratory SOP BR-QA-011 Employee Training and Demonstration of Capability.

#### **18.4 DATA INTEGRITY AND ETHICS TRAINING PROGRAM**

Establishing and maintaining a high ethical standard is an important element of a Quality System. Ethics and data integrity training is integral to the success of TestAmerica and is provided for each employee at TestAmerica as part of the initial employee orientation within 1 week of hire, the comprehensive training done within 90 days, and is part of the annual

refresher training for all employees. Senior management at each facility performs the ethics training for their staff.

In order to ensure that all personnel understand the importance TestAmerica places on maintaining high ethical standards at all times; TestAmerica has established an Ethics Policy No. CA-L-P-001 and an Ethics Statement/Agreement (Appendix 1). All initial and annual training is documented by signature on the signed Ethics Policy and Code of Ethical Conduct demonstrating that the employee has participated in the training and understands their obligations related to ethical behavior and data integrity.

Violations of this Ethics Policy will not be tolerated. Employees who violate this policy will be subject to disciplinary actions up to and including termination. Criminal violations may also be referred to the Government for prosecution. In addition, such actions could jeopardize TestAmerica's ability to do work on Government contracts, and for that reason, TestAmerica has a Zero Tolerance approach to such violations.

Employees are trained as to the legal and environmental repercussions that result from data misrepresentation. Key topics covered in the presentation include:

- Organizational mission and its relationship to the critical need for honesty and full disclosure in all analytical reporting.
- Ethics Policy (Appendix 1)
- How and when to report ethical/data integrity issues. Confidential reporting.
- Record keeping.
- Discussion regarding data integrity procedures.
- Specific examples of breaches of ethical behavior (e.g. peak shaving, altering data or computer clocks, improper macros, etc., accepting/offering kickbacks, illegal accounting practices, unfair competition/collusion)
- Internal monitoring. Investigations and data recalls.
- Consequences for infractions including potential for immediate termination, debarment, or criminal prosecution.
- Importance of proper written narration / data qualification by the analyst and project manager with respect to those cases where the data may still be usable but are in one sense or another partially deficient.

Additionally, a data integrity hotline (1-800-736-9407) is maintained by TestAmerica and administered by the Corporate Quality Department.

## SECTION 19

### ACCOMMODATIONS AND ENVIRONMENTAL CONDITIONS (NELAC 5.5.3)

#### 19.1 OVERVIEW

TestAmerica Burlington is a 22,000 ft<sup>2</sup> secure laboratory facility with controlled access and designed to accommodate an efficient workflow and to provide a safe and comfortable work environment for employees. All visitors sign in and are escorted by laboratory personnel. Access is controlled by various measures.

The laboratory is equipped with structural safety features. Each employee is familiar with the location, use, and capabilities of general and specialized safety features associated with their workplace. The laboratory provides and requires the use of protective equipment including safety glasses, protective clothing, gloves, etc.. OSHA and other regulatory agency guidelines regarding required amounts of bench and fume hood space, lighting, ventilation (temperature and humidity controlled), access, and safety equipment are met or exceeded.

Traffic flow through sample preparation and analysis areas is minimized to reduce the likelihood of contamination. Adequate floor space and bench top area is provided to allow unencumbered sample preparation and analysis space. Sufficient space is also provided for storage of reagents and media, glassware, and portable equipment. Ample space is also provided for refrigerated sample storage before analysis and archival storage of samples after analysis. Laboratory HVAC and deionized water systems are designed to minimize potential trace contaminants.

The laboratory is separated into specific areas for sample receiving, sample preparation, volatile organic sample analysis, non-volatile organic sample analysis, inorganic sample analysis, and administrative functions.

#### 19.2 ENVIRONMENT

Laboratory accommodation, test areas, energy sources, lighting are adequate to facilitate proper performance of tests. The facility is equipped with heating, ventilation, and air conditioning (HVAC) systems appropriate to the needs of environmental testing performed at this laboratory.

The environment in which these activities are undertaken does not invalidate the results or adversely affect the required accuracy of any measurements.

The laboratory provides for the effective monitoring, control and recording of environmental conditions that may affect the results of environmental tests as required by the relevant specifications, methods, and procedures. Such environmental conditions include voltage, temperature, vibration levels, and pressure in the laboratory. The volatile organic sample analysis and administrative areas are kept at positive pressure and all other areas at negative pressure to eliminate cross contamination.

When any of the method or regulatory required environmental conditions change to a point where they may adversely affect test results, analytical testing will be discontinued until the environmental conditions are returned to the required levels (refer to Section 12).

Environmental conditions of the facility housing the computer network and LIMS are regulated to protect against raw data loss.

### **19.3 WORK AREAS**

There is effective separation between neighboring areas when the activities therein are incompatible with each other. Examples include:

- Volatile organic chemical handling areas, including sample preparation and waste disposal, and volatile organic chemical analysis areas.

Access to and use of all areas affecting the quality of analytical testing is defined and controlled by secure access to the laboratory building as described below in the Building Security section.

Adequate measures are taken to ensure good housekeeping in the laboratory and to ensure that any contamination does not adversely affect data quality. These measures include regular cleaning to control dirt and dust within the laboratory.

Work areas are available to ensure an unencumbered work area. Work areas include:

- Access and entryways to the laboratory.
- Sample receipt areas.
- Sample storage areas.
- Chemical and waste storage areas.
- Data handling and storage areas.
- Sample processing areas.
- Sample analysis areas.

### **19.4 FLOOR PLAN**

A floor plan can be found in Appendix 3.

## **19.5 BUILDING SECURITY**

Electronic access cards are issued to each employee and building keys are distributed to authorized employees as necessary.

Visitors to the laboratory sign in and out in a visitor's logbook. A visitor is defined as any person who visits the laboratory who is not an employee of TestAmerica Burlington. In addition to signing into the laboratory, the Environmental, Health and Safety Manual contains requirements for visitors and vendors. There are specific safety forms that must be reviewed and signed.

Visitors (with the exception of company employees) are escorted by laboratory personnel at all times, or the location of the visitor is noted in the visitor's logbook.

## SECTION 20.0

### TEST METHODS AND METHOD VALIDATION (NELAC 5.5.4)

#### 20.1 OVERVIEW

TestAmerica Burlington uses methods that are appropriate to meet our clients' requirements and that are within the scope of the laboratory's capabilities. These include sampling, handling, transport, storage and preparation of samples, and, where appropriate, an estimation of the measurement of uncertainty as well as statistical techniques for analysis of environmental data.

Instructions are available in the laboratory for the operation of equipment as well as for the handling and preparation of samples. All instructions, Standard Operating Procedures (SOPs), reference methods and manuals relevant to the working of the laboratory are readily available to all staff. Deviations from published methods are documented (with justification) in the laboratory's approved SOPs. SOPs are submitted to clients for review at their request. Significant deviations from published methods require client approval and regulatory approval where applicable.

#### 20.2 STANDARD OPERATING PROCEDURES (SOPs)

TestAmerica Burlington maintains SOPs that accurately reflect all phases of the laboratory such as assessing data integrity, corrective actions, handling customer complaints as well as all analytical methods and sampling procedures. The method SOPs are derived from the most recently promulgated/approved, published methods and are specifically adapted to the laboratory facility. Modifications or clarifications to published methods are clearly noted in the SOPs. All SOPs are controlled in the laboratory (refer to Section 6 on Document Control):

- All SOPs contain a revision number, effective date, and appropriate approval signatures. Controlled copies are available to all staff.
- Procedures for preparation, review, revision and control are incorporated by reference to SOPs: **CW-Q-S-002** (Writing a Standard Operating Procedure (SOP)).
- SOPs are reviewed at a minimum frequency of every 2 years, except for procedures related to drinking water or the DoD which are reviewed annually, and where necessary, revised to ensure continuing suitability and compliance with applicable requirements.

#### 20.3 LABORATORY METHODS MANUAL

For each test method, the laboratory shall have available the published referenced method as well as the laboratory developed SOP. Refer to the corporate SOP CW-Q-S-002 "Writing a Standard Operating Procedure" for content and requirements of technical and non-technical SOPs.

**Note:** If more stringent standards or requirements are included in a mandated test method or regulation than those specified in this manual, the laboratory shall demonstrate that such requirements are met. If it is not clear which requirements are more stringent, the standard from the method or regulation is to be followed. Any exceptions or deviations from the referenced methods or regulations are noted in the specific analytical SOP.

## **20.4 SELECTION OF METHODS**

Since numerous methods and analytical techniques are available, continued communication between the client and laboratory is imperative to assure the correct methods are utilized. Once client methodology requirements are established, this and other pertinent information is summarized by the Project Manager. These mechanisms ensure that the proper analytical methods are applied when the samples arrive for log-in. For non-routine analytical services (e.g., special matrices, non-routine compound lists, etc.), the method of choice is selected based on client needs and available technology. The methods selected should be capable of measuring the specific parameter of interest, in the concentration range of interest, and with the required precision and accuracy.

### **20.4.1 Sources of Methods**

Routine analytical services are performed using standard EPA-approved methodology. In some cases, modification of standard approved methods may be necessary to provide accurate analyses of particularly complex matrices. When the use of specific methods for sample analysis is mandated through project or regulatory requirements, only those methods shall be used.

In general, TestAmerica Burlington follows procedures from the referenced methods.

When clients do not specify the method to be used or methods are not required, the methods used will be clearly validated and documented in an SOP and available to clients and/or the end user of the data.

**20.4.1.1** The analytical methods used by the laboratory are those currently accepted and approved by the U. S. EPA and the state or territory from which the samples were collected. Reference methods include:

- Compendium of Methods for the Determination of Toxic Organic Compounds in Ambient Air, US EPA, January 1996.
- Guidelines Establishing Test Procedures for the Analysis of Pollutants Under the Clean Water Act, and Appendix A-C; 40 CFR Part 136, USEPA Office of Water. Revised as of July 1, 1995, Appendix A to Part 136 - Methods for Organic Chemical Analysis of Municipal and Industrial Wastewater (EPA 600 Series)
- Methods for Chemical Analysis of Water and Wastes, EPA 600 (4-79-020), 1983.
- Methods for the Determination of Inorganic Substances in Environmental Samples, EPA-600/R-93/100, August 1993.
- Methods for the Determination of Metals in Environmental Samples, EPA/600/4-91/010, June 1991. Supplement I: EPA-600/R-94/111, May 1994.
- Methods for the Determination of Organic Compounds in Drinking Water, EPA-600/4-88-039, December 1988, Revised, July 1991, Supplement I, EPA-600-4-90-020, July 1990, Supplement II, EPA-600/R-92-129, August 1992. Supplement III EPA/600/R-95/131 - August 1995 (EPA 500 Series) (EPA 500 Series methods)
- Technical Notes on Drinking Water Methods, EPA-600/R94-173, October 1994

- Statement of Work for Inorganics Analysis, USEPA Contract Laboratory Program Multi-media, Multi-concentration. Current and Previous SOW.
- Statement of Work for Organics Analysis, USEPA Contract Laboratory Program, Multi-media, Multi-concentration. Current and Previous SOW.
- Standard Methods for the Examination of Water and Wastewater, 18<sup>th</sup>/19<sup>th</sup> /20<sup>th</sup> edition; Eaton, A.D. Clesceri, L.S. Greenberg, A.E. Eds; American Water Works Association, Water Pollution Control Federation, American Public Health Association: Washington, D.C.
- Test Methods for Evaluating Solid Waste Physical/Chemical Methods (SW846), Third Edition, September 1986, Final Update I, July 1992, Final Update IIA, August 1993, Final Update II, September 1994; Final Update IIB, January 1995; Final Update III, December 1996.
- Annual Book of ASTM Standards, American Society for Testing & Materials (ASTM), Philadelphia, PA.
- National Status and Trends Program, National Oceanographic and Atmospheric Administration, Volume I-IV, 1985-1994.
- Code of Federal Regulations (CFR) 40, Parts 136, 141, 172, 173, 178, 179 and 261

The laboratory reviews updated versions to all the aforementioned references for adaptation based upon capabilities, instrumentation, etc., and implements them as appropriate. As such, the laboratory strives to perform only the latest versions of each approved method as regulations allow or require.

Other reference procedures for non-routine analyses may include methods established by specific states (e.g., Underground Storage Tank methods), ASTM or equipment manufacturers. Sample type, source, and the governing regulatory agency requiring the analysis will determine the method utilized.

The laboratory shall inform the client when a method proposed by the client may be inappropriate or out of date. After the client has been informed, and they wish to proceed contrary to the laboratory's recommendation, it will be documented.

#### **20.4.2 Demonstration of Capability**

Before the laboratory may institute a new method and begin reporting results, the laboratory shall confirm that it can properly operate the method. In general, this demonstration does not test the performance of the method in real world samples, but in an applicable and available clean matrix sample. If the method is for the testing of analytes that are not conducive to spiking, demonstration of capability may be performed on quality control samples.

**20.4.2.1** A demonstration of capability is performed whenever there is a significant change in instrument type, method or personnel.

**20.4.2.2** The initial demonstration of capability must be thoroughly documented and approved by the Department Manager and QA Manager prior to independently analyzing client samples. All associated documentation must be retained in accordance with the laboratory's archiving procedures (refer to Section 15, Control of Records).

**20.4.2.3** The laboratory must have an approved SOP, demonstrate satisfactory performance, and conduct a method detection limit study (when applicable). There may be other

requirements as stated within the published method or regulations (i.e., retention time window study).

**Note:** In some instances, a situation may arise where a client requests that an unusual analyte be reported using a method where this analyte is not normally reported. If the analyte is being reported for regulatory purposes, the method must meet all procedures outlined within this QA Manual (SOP, MDL, and Demonstration of Capability). If the client states that the information is not for regulatory purposes, the result may be reported as long as the following criteria are met:

- The instrument is calibrated for the analyte to be reported using the criteria for the method and ICV/CCV criteria are met (unless an ICV/CCV is not required by the method).
- The reporting limit is set at or above the first standard of the curve for the analyte.
- The client request is documented and the lab informs the client of its procedure for working with unusual compounds. The final report must be footnoted.
- Also refer to Section 12 (Control of Non-Conforming Work).

#### **20.4.3 Initial Demonstration of Capability (IDOC) Procedures**

**20.4.3.1** The spiking standard used must be prepared independently from those used in instrument calibration.

**20.4.3.2** The analyte(s) shall be diluted in a volume of clean matrix sufficient to prepare four aliquots at the concentration specified by a method or the laboratory SOP.

**20.4.3.3** At least four aliquots shall be prepared (including any applicable clean-up procedures) and analyzed according to the test method (either concurrently or over a period of days).

**20.4.3.4** Using all of the results, calculate the mean recovery in the appropriate reporting units and the standard deviations for each parameter of interest.

**20.4.3.5** When it is not possible to determine the mean and standard deviations, such as for presence, absence and logarithmic values, the laboratory will assess performance against criteria described in the Method SOP.

**20.4.3.6** Compare the information obtained above to the corresponding acceptance criteria for precision and accuracy to the limits provided in the Method SOP. If any one of the parameters do not meet the acceptance criteria, the performance is unacceptable for that parameter.

**20.4.3.7** When one or more of the tested parameters fail at least one of the acceptance criteria, the analyst must proceed according to either option listed below:

- Locate and correct the source of the problem and repeat the test for all parameters of interest beginning with 20.4.3.3 above.

- Beginning with 20.4.3.3 above, repeat the test for all parameters that failed to meet criteria. Repeated failure, however, will confirm a general problem with the measurement system. If this occurs, locate and correct the source of the problem and repeat the test for all compounds of interest beginning with 20.4.3.1 above.

A certification statement (see Figure 20-1) shall be used to document the completion of each initial demonstration of capability. A copy of the certification is retained in the analyst's training folder.

## **20.5 LABORATORY DEVELOPED METHODS AND NON-STANDARD METHODS**

Any new method developed by the laboratory must be fully defined in an SOP/Methods Manual (Section 20.2) and validated by qualified personnel with adequate resources to perform the method. Method specifications and the relation to client requirements must be clearly conveyed to the client if the method is a non-standard method (not a published or routinely accepted method). The client must also be in agreement to the use of the non-standard method. The information included in the checklist (Figure 20-2) is needed before samples are accepted for analysis by a new method.

## **20.6 VALIDATION OF METHODS**

Validation is the confirmation by examination and the provision of objective evidence that the particular requirements for a specific intended use are fulfilled. (From 2003 NELAC Standard)

All non-standard methods, laboratory designed/developed methods, standard methods used outside of their scope, and major modifications to published methods must be validated to confirm they are fit for their intended use. The validation will be as extensive as necessary to meet the needs of the given application. The results are documented with the validation procedure used and contain a statement as to the fitness for use.

### **20.6.1 Method Validation and Verification Activities for All New Methods**

While method validation can take various courses, the following activities can be required as part of method validation. Method validation records are designated QC records and are archived accordingly.

#### **20.6.1.1 Determination of Method Selectivity**

Method selectivity is the demonstrated ability to discriminate the analyte(s) of interest from other compounds in the specific matrix or matrices from other analytes or interference. In some cases to achieve the required selectivity for an analyte, a confirmation analysis is required as part of the method.

#### **20.6.1.2 Determination of Method Sensitivity**

Sensitivity can be both estimated and demonstrated. Whether a study is required to estimate sensitivity depends on the level of method development required when applying a particular measurement system to a specific set of samples. Where estimations and/or demonstrations of sensitivity are required by regulation or client agreement, such as the procedure in 40 CFR Part

136 Appendix B, under the Clean Water Act, these shall be followed. The laboratory determinations of MDLs are described in Section 20.6.

#### **20.6.1.3 Relationship of Limit of Detection (LOD) to the Quantitation Limit (QL)**

An important characteristic of expression of sensitivity is the difference in the LOD and the QL. The LOD is the minimum level at which the presence of an analyte can be reliably concluded. The QL is the minimum level at which both the presence of an analyte and its concentration can be reliably determined. For most instrumental measurement systems, there is a region where semi-quantitative data is generated around the LOD (both above and below the estimated MDL or LOD) and below the QL. In this region, detection of an analyte may be confirmed but quantification of the analyte is unreliable within the accuracy and precision guidelines of the measurement system. When an analyte is detected below the QL, and the presence of the analyte is confirmed by meeting the qualitative identification criteria for the analyte, the analyte can be reliably reported, but the amount of the analyte can only be estimated. If data is to be reported in this region, it must be done so with a qualification that denotes the semi-quantitative nature of the result.

#### **20.6.1.4 Determination of Interferences**

A determination that the method is free from interferences in a blank matrix is performed.

#### **20.6.1.5 Determination of Range**

Where appropriate, a determination of the applicable range of the method may be performed. In most cases, range is determined and demonstrated by comparison of the response of an analyte in a curve to established or targeted criteria. The curve is used to establish the range of quantitation and the lower and upper values of the curve represent upper and lower quantitation limits. Curves are not limited to linear relationships.

#### **20.6.1.6 Determination of Accuracy and Precision**

Accuracy and precision studies are generally performed using replicate analyses, with a resulting percent recovery and measure of reproducibility (standard deviation, relative standard deviation) calculated and measured against a set of target criteria.

#### **20.6.1.7 Documentation of Method**

The method is formally documented in an SOP. If the method is a minor modification of a standard laboratory method that is already documented in an SOP, an SOP Attachment describing the specific differences in the new method is acceptable in place of a separate SOP.

#### **20.6.1.8 Continued Demonstration of Method Performance**

Continued demonstration of Method Performance is addressed in the SOP. Continued demonstration of method performance is generally accomplished by batch specific QC samples such as LCS, method blanks or PT samples.

## **20.7 METHOD DETECTION LIMITS (MDL)/ LIMITS OF DETECTION (LOD)**

Method detection limits (MDL) are initially determined in accordance with 40 CFR Part 136, Appendix B or by other technically acceptable practices that have been accepted by regulators. MDL is also sometimes referred to as Limit of Detection (LOD). The MDL theoretically represents the concentration level for each analyte within a method at which the Analyst is 99% confident that the true value is not zero. The MDL is determined for each analyte initially during the method validation process and updated as required in the analytical methods, whenever there is a significant change in the procedure or equipment, or based on project specific requirements (refer to 20.7.10). The analyst prepares at least seven replicates of solution spiked at one to five times the estimated method detection limit (most often at the lowest standard in the calibration curve) into the applicable matrix with all the analytes of interest. Each of these aliquots is extracted (including any applicable clean-up procedures) and analyzed in the same manner as the samples. Where possible, the seven replicates should be analyzed over 2-4 days to provide a more realistic MDL.

**20.7.1** MDL's are initially performed for each individual instrument and non-microbiological method analysis. Unless there are requirements to the contrary, the laboratory will use the highest calculated MDL for all instruments used for a given method as the MDL for reporting purposes. This MDL is not required for methods that are not readily spiked (e.g. pH, turbidity, etc.). Titration and gravimetric methods where there is no additional preparation involved, the MDL is based on the lowest discernable unit of measure that can be observed.

**20.7.2** MDLs must be run against acceptable instrument QC, including ICVs and Tunes. This is to insure that the instrument is in proper working condition and falsely high or low MDLs are not calculated.

**20.7.3** Use only clean matrix which is free of target analytes (e.g.: Laboratory reagent water, Ottawa Sand) unless a project specific MDL is required in a field sample matrix.

**20.7.4** The Limit of Quantitation (LOQ) (low calibration standard) should generally be between 2 and 5 times the MDL. If the MDL is being performed during method development, use this guideline to determine the LOQ for the analysis. The Reporting Limit (RL) must be minimally above or equal to the LOQ.

**20.7.5** The calculated MDL cannot be greater than the spike concentration.

**20.7.6** If the most recent calculated MDL does not permit qualitative identification of the analyte then the laboratory may use technical judgment for establishing the MDL (e.g., calculate what level would give a qualitative ID, compare with IDL (20.7), spike at a level where qualitative ID is determined and assign that value as MDL, minimum sensitivity requirements, Standard deviation of method blanks over time, etc.). Alternate procedures for the establishment of the MDL are described in laboratory SOP BR-QA-006 Procedures for Establishing the LOD, LOQ and RL.

**20.7.7** Each of the 7 spikes must be qualitatively identifiable (e.g., appear in both columns for dual column methods, characteristic ions for GCMS mass spectra, etc). Manual integrations to force the baseline for detection are not allowed.

**20.7.8** The initial MDL is calculated as follows:

$$\text{MDL} = t_{(n-1, 1-a = 0.99)} \times (\text{Standard Deviation of replicates})$$

where  $t_{(n-1, 1-a = 0.99)} = 3.143$  for seven replicates.

**20.7.9** Subsequent to the initial MDL determination, periodic MDL verification, confirmation or determinations may be performed by the procedure in 40 CFR Part 136, Appendix B or alternatively by other technically acceptable practices (e.g., method blanks over time, single standard spikes that have been subjected to applicable sample prep processes, etc.). The procedures for MDL verification are described in laboratory SOP BR-QA-006 Procedures for Establishing the LOD, LOQ and RL.

**20.7.10** Because of the inherent variability in results outside of the calibration range, TestAmerica does not recommend the reporting of results below the lowest calibration point in a curve; however, it is recognized that some projects and agencies require the reporting of results below the RL. Any result that falls between the MDL and the Reporting limit, when reported, will be qualified as an estimated value.

**20.7.11** Detections reported down to the MDL must be qualitatively identified.

**20.7.12** Reporting limits are adjusted based on moisture content and sample aliquot size.

## **20.8 INSTRUMENT DETECTION LIMITS (IDL)**

**20.8.1** The IDL is sometimes used to assess the reasonableness of the MDLs or in some cases required by the analytical method or program requirements. IDLs are most used in metals analyses but may be useful in demonstration of instrument performance in other areas.

**20.8.2** IDLs are calculated to determine an instrument's sensitivity independent of any preparation method. IDLs are calculated either using 7 replicate spike analyses, like MDL but without sample preparation, or by the analysis of 10 instrument blanks and calculating 3 x the absolute value of the standard deviation.

## **20.9 VERIFICATION OF DETECTION AND REPORTING LIMITS**

**20.9.1** Once an MDL is established, it is verified, on each instrument, by analyzing a quality control sample (MDLV sample) spiked at approximately 2-3 times the calculated MDL for single analyte analyses (e.g. most wet chemistry methods, Atomic Absorption, etc.) and 1-4 times the calculated MDL for multiple analyte methods (e.g. GC, GCMS, ICP, etc.). The analytes must be qualitatively identified. This verification does not apply to methods that are not readily spiked (e.g. pH, turbidity, etc.) or where the lab does not report to the MDL. If the MDL does not verify, then the lab will reset the MDL to the lowest detectable concentration.

**20.9.2** When a quantitation limit (LOQ) is established, it must be initially verified by the analysis of a low level standard or QC sample (LCS at 1-2 the reporting limit) and annually thereafter. Unless there are requirements to the contrary the acceptance criteria is  $\pm 50\%$ . The annual requirement is waved for methods that have an annually verified MDL.

## **20.10      RETENTION TIME WINDOWS**

Most organic analyses and some inorganic analyses use chromatography techniques for qualitative and quantitative determinations. For every chromatography analysis each analyte will have a specific time of elution from the column to the detector. This is known as the analyte's retention time. The variance in the expected time of elution is defined as the retention time window. As the key to analyte identification in chromatography, retention time windows must be established on every column for every analyte used for that method. These records are kept with the files associated with an instrument for later quantitation of the analytes.

For GC, HPLC and IC methods, there must be sufficient separation between analyte peaks so as to not misidentify analytes. In the mid-level standard, the distance between the valley and peak height cannot be any less than 25% of the sum of the peak heights of the analytes. This also applies to GCMS in the case where the two compounds share the same quantitation ion.

**Note:**      Some analytes do not separate sufficiently to be able to identify or quantitate them as separate analytes (e.g. m-xylene and p-xylene) and are quantitated and reported as a single analyte (e.g. m,p-xylenes).

To establish retention time windows for GC, HPLC or IC methods, once the analyst has determined that the instrument is in optimum working condition through calibration and calibration verification procedures, he or she uses a mid-range calibration or calibration verification standard to establish the retention times for each of the individual analytes in a method. The analyst makes three injections of the same standard over a 72-hour (24 hr period for EPA Method 300.0) period, tabulating the retention times for each analyte for each of the three injections. The width of retention time window is normally the average absolute retention time  $\pm$  3 Standard Deviations. A peak outside the retention time window will not be identified by the computer as a positive match of the analyte of interest.

It is possible for the statistically calculated RT window to be too tight and need to be adjusted based on analyst experience. In these instances method default retention time windows may be used (e.g., for 8000 series methods a default of 0.03 minutes may be used, and EPA CLP 0.05 minutes is used). The same concept is applied when any peak outside of that window will not be identified by the computer as a positive match.

The calibration verification standard at the beginning of a run may be used to adjust the RT for an analyte. This is essentially re-centering the window but the size of the window remains the same. The RTs are verified when all analytes are within their RT windows and are properly identified.

## **20.11      EVALUATION OF SELECTIVITY**

The laboratory evaluates selectivity by following the checks within the applicable analytical methods, which include mass spectral tuning, second column confirmation, ICP interelement interference checks, chromatography retention time windows, and sample blanks.

## **20.12      ESTIMATION OF UNCERTAINTY OF MEASUREMENT**

**20.12.1** Uncertainty is “a parameter associated with the result of a measurement, that characterizes the dispersion of the values that could reasonably be attributed to the measurand” (as defined by the International Vocabulary of Basic and General Terms in Metrology, ISO Geneva, 1993, ISBN 92-67-10175-1). Knowledge of the uncertainty of a measurement provides additional confidence in a result’s validity. Its value accounts for all the factors which could possibly affect the result, such as adequacy of analyte definition, sampling, matrix effects and interferences, climatic conditions, variances in weights, volumes, and standards, analytical procedure, and random variation. Some national accreditation organizations require the use of an “expanded uncertainty”: the range within which the value of the measurand is believed to lie within at least a 95% confidence level with the coverage factor  $k=2$ .

**20.12.2** Uncertainty is not error. Error is a single value, the difference between the true result and the measured result. On environmental samples, the true result is never known. The measurement is the sum of the unknown true value and the unknown error. Unknown error is a combination of systematic error, or bias, and random error. Bias varies predictably, constantly, and independently from the number of measurements. Random error is unpredictable, assumed to be Gaussian in distribution, and reducible by increasing the number of measurements.

**20.12.3** The uncertainty associated with results generated by the laboratory can be determined by using the Laboratory Control Sample (LCS) accuracy range for a given analyte. The LCS limits are used to assess the performance of the measurement system since they take into consideration all of the laboratory variables associated with a given test over time (except for variability associated with the sampling). The percent recovery of the LCS is compared either to the method-required LCS accuracy limits or to the statistical, historical, in-house LCS accuracy limits.

**20.12.4** To calculate the uncertainty for the specific result reported, multiply the result by the decimal of the lower end of the LCS range percent value for the lower end of the uncertainty range, and multiply the result by the decimal of the upper end of the LCS range percent value for the upper end of the uncertainty range. These calculated values represent a 99%-certain range for the reported result. As an example, suppose that the result reported is 1.0 mg/l, and the LCS percent recovery range is 50 to 150%. The uncertainty range would be 0.5 to 1.5 mg/l, which could also be written as  $1.0 \pm 0.5$  mg/l.

**20.12.5** In the case where a well recognized test method specifies limits to the values of major sources of uncertainty of measurement (e.g. 524.2, 525, etc) and specifies the form of presentation of calculated results, no further discussion of uncertainty is required.

## **20.13**     **CONTROL OF DATA**

The laboratory has policies and procedures in place to ensure the authenticity, integrity, and accuracy of the analytical data generated by the laboratory.

### **20.13.1**     **Computer and Electronic Data Related Requirements**

The three basic objectives of our computer security procedures and policies are shown below. The laboratory is currently running a VMS based LIMS system running on a VAX computer. The auxiliary systems to the LIMS utilize both Foxpro and ACCESS databases. The LIMS in

Burlington is primarily used to track samples in the laboratory. Data is reported from commercial data processing software, Target and Marrs and from a laboratory created program called DWS. Target, Marrs and DWS are referred to as the reporting database for the remainder of this section.

**20.13.1.1 Maintain the Database Integrity:** Assurance that data is reliable and accurate through data verification (review) procedures, password-protecting access, anti-virus protection, data change requirements, as well as an internal permissions procedure.

- Reporting Database Integrity is achieved through data input validation, internal user controls, and data change requirements.
- Spreadsheets and other software developed in-house must be verified with documentation through hand calculations prior to use.

**Note:** “Commercial off-the-shelf software in use within the designed application range is considered to be sufficiently validated.” *From NELAC 2003 Standard.* However, laboratory specific configurations or modifications are validated prior to use.

- In order to assure accuracy, all data goes through a minimum of two levels of review.
- The QA department performs random data audits to ensure the correct information has been reported.
- Analytical data file security is provided through three policies.
  - The first policy forbids unauthorized personnel from using laboratory data acquisition computers.
  - The second policy is the implementation of network passwords and login names that restrict directory access.
  - The third layer is maintained through the reporting database and includes the use of username/password combinations to gain access to the system.
- All software installations will be in accordance with any relevant copyright licensing regulations.
- All software installed on any computer within the laboratory must be approved by the Information Technology Department regional support technician assigned to the laboratory. Shrink-wrapped or otherwise sealed OEM software that is directly related to instrument usage does not need approval but the Information Technology department must be notified of the installation.
- Anti-virus software shall be installed on all servers and workstations. The anti-virus software shall be configured to check for virus signature file and program updates on a daily basis and these updates will be pushed to all servers and workstations. The anti-virus software will be configured to clean any virus-infected file if possible, otherwise the file will be deleted. Disks and CDs brought from any outside source that are not OEM software must be scanned for viruses before being accessed.

**20.13.1.2 Ensure Information Availability:** Protection against loss of information or service through scheduled back-ups, secure storage of media, line filter, Uninterruptible Power Supply (UPS), and maintaining older versions of software as revisions are implemented.

- Insured by timely backup procedures on reliable backup media, stable file server network architecture, and UPS protection.
- UPS Protection:
  - Each fileserver is protected by an appropriate power protection/backup unit. In the event of a power outage, there is approximately 15-30 minutes of up-time for the servers prior to shutdown. This allows for proper shutdown procedures to be followed with the file servers.
- File Server Architecture
  - All files are maintained on multiple Windows 2000 or newer servers which are secured physically in the Information Technology office. Access to these servers is limited to members of the Information Technology staff.
  - All supporting software is maintained for at least 5 years from the last raw data generated using that software. [ Length of time is dependent on local regulations or client requirements (e.g., OVAP requires 10 years). ]
- System Back-up Overview and Procedures
  - Data from both servers and instrument attached PC's are backed up and purged in compliance with the corporate back-up policy.
  - A Maintenance Plan has been defined to create a daily archive of all data within the LIMS database to a backup location. This backup is initiated automatically by either the database or back-up system.
  - Backup tapes will be stored in compliance with the corporate Data Backup Policy. Backup verifications are carried out in accordance with the corporate Data Backup Policy.
  - Instrument data back-ups are verified on a periodic basis by the QA department when performing electronic data audits. The audit takes place on data that has been moved to a back-up location ensuring that it has been moved.

**20.13.1.3 Maintain Confidentiality:** Ensure data confidentiality through physical access controls, and encryption of when electronically transmitting data.

- All servers are located in a secure area of the laboratory. Access to the servers is limited to IT staff and senior management such as the Lab Director.
- The company website contains SSL (Secure Socket Layer) encryption for secure website sessions and data transfers.
- Electronic documents such as PDF files and electronic data deliverables will be made available to clients via the secure web site. The logon page for this web site contains an agreement that the customer must accept before they will be logged on which states that the customer agrees not to alter any electronic data made available to them.

- If electronic documents are made available outside of the web site, the customer must sign an agreement in advance that states they will not alter the data in any way.

### **20.13.2 Data Reduction**

The complexity of the data reduction depends on the analytical method and the number of discrete operations involved (e.g., extractions, dilutions, instrument readings and concentrations). The analyst calculates the final results from the raw data or uses appropriate computer programs to assist in the calculation of final reportable values.

For manual data entry, e.g., Wet Chemistry, the data is reduced by the analyst and then verified by a peer analyst prior to reporting. The spreadsheets, or any other type of applicable documents, are signed by both the analyst and alternate reviewer to confirm the accuracy of the manual entry(s).

Manual integration of peaks will be documented and reviewed and the raw data will be flagged in accordance with the TestAmerica Corporate SOP CA-Q-S-002, *Acceptable Manual Integration Practices* and laboratory SOP BR-QA-006 Manual Integration.

Analytical results are reduced to appropriate concentration units specified by the analytical method, taking into account factors such as dilution, sample weight or volume, etc. Blank correction will be applied only when required by the method or per manufacturer's indication; otherwise, it should not be performed. Calculations are independently verified by appropriate laboratory staff. Calculations and data reduction steps for various methods are summarized in the respective analytical SOPs or program requirements.

**20.13.2.1** All raw data must be retained in the worklist folder, computer file (if appropriate), and/or runlog. All criteria pertinent to the method must be recorded. The documentation is recorded at the time observations or calculations are made and must be signed or initialed/dated (month/day/year). It must be easily identifiable who performed which tasks if multiple people were involved.

**20.13.2.2** In general, concentration results are reported in milligrams per liter (mg/l) or micrograms per liter ( $\mu\text{g/l}$ ) for liquids and milligrams per kilogram (mg/kg) or micrograms per kilogram ( $\mu\text{g/kg}$ ) for solids. The units "mg/l" and "mg/kg" are the same as "parts per million (ppm)". The units " $\mu\text{g/l}$ " and " $\mu\text{g/kg}$ " are the same as "parts per billion (ppb)." For values greater than 10,000 mg/l, results can be reported in percent, i.e., 10,000 mg/l = 1%.

- Several environmental methods, such as color, turbidity, conductivity, use very specific, non-concentration units to report results (e.g., NTU, umhos/cm etc).
- Occasionally, the client requests that results be reported in units which take into account the measured flow of water or air during the collection of the sample. When they provide this information, the calculations can be performed and reported.

**20.13.2.3** In reporting, the analyst or the instrument output records the raw data result using values of known certainty. The laboratory's protocol for significant figures and

reporting is provided in laboratory SOP BR-QA-007 Rounding & Significant Figure Rules for Reporting Analytical Data

**20.13.2.4** For those methods that do not have an instrument printout or an instrumental output, the raw results and dilution factors are entered directly into calculation spreadsheets by the analyst, and the software calculates the final result for the analytical report.

**20.13.2.5** The laboratory strives to import data directly from instruments or calculation spreadsheets to ensure that the reported data are free from transcription and calculation errors. The printout of calibrations, concentrations, retention times, chromatograms, and mass spectra, if applicable, are retained with the data file. The data file is stored in a monthly folder on the instrument computer; periodically, this file is transferred to the server and, eventually, to a tape file.

### **20.13.3 Logbook / Worksheet Use Guidelines**

Logbooks and worksheets are filled out 'real time' and have enough information on them to trace the events of the applicable analysis/task. (e.g. calibrations, standards, analyst, sample ID, date, time on short holding time tests, temperatures when applicable, calculations are traceable, etc.)

- Corrections are made following the procedures outlined in Section 13.
- Logbooks are controlled by the QA department. A record is maintained of all logbooks in the lab.
- Unused portions of pages must be "Z"ed out, signed and dated.
- Worksheets are created with the approval of the QA Manager at the facility. The QA Manager controls all worksheets following the procedures in Section 6.

### **20.13.4 Review / Verification Procedures**

General procedures for data review are described in laboratory SOP LP-QA-019 Data Review and specific procedures are included in each method SOP. All data are reviewed to ensure the data are free from calculation and transcription errors, that QC parameters have been reviewed and evaluated before data is reported. The laboratory also has an SOP discussing Manual Integrations to ensure the authenticity of the data LP-QA-006 Manual Integration. The general review concepts are discussed below, more specific information can be found in the SOPs.

**20.13.4.1** The data review process at TestAmerica Burlington begins at sample receipt where sample management personnel review chain-of-custody forms and input the sample information and required analyses into a computer LIMS. The Project Managers perform final review of the chain-of-custody forms and log-in.

**20.13.4.2** The next level of review is analyst review. Primary review is performed by the analyst that generated the data. Each analyst is responsible for reviewing the quality of his/her work based on the guidelines given in this QAM and laboratory standard operating procedures. Primary review is documented with the signature/initials of the reviewer and the date the review was performed.

At a minimum, primary review ensures the following:

- Sample preparation and analysis information is correct and complete.
- Analytical results are correct and complete.
- Manual integrations are appropriate and documented.
- QC samples are within established control limits or otherwise qualified.
- Dilution factors are correctly recorded and applied.
- Data transfers are verified and correct.
- Non-conformances have been properly documented and communicated.
- The appropriate SOPs and client requirements were followed.
- Internal COC documentation is correct and complete, when required.
- Documentation is complete.

After primary review, all data is reviewed by a peer analyst who has documented training for the areas for which he/she provides review. This review shall be a complete, independent review of the entire analytical data report and shall be performed so that all calibration data, QC and sample results are compared to raw data records. Secondary review must be documented with the signature/initials of the reviewer and the date the review was performed. If any problems are found, sample results must be re-checked. All errors noted or corrections made shall be documented and communicated to the primary reviewer.

At a minimum, the secondary review ensures the following:

- Sample preparation and analysis information is correct and complete.
- Calibration data is appropriate, accurate and documented.
- Analytical results are correct and complete
- QC samples are within established control limits or otherwise qualified.
- Qualitative identification is accurate.
- Quantitative results including calculations performed are correct.
- Manual integrations are appropriate and documented.
- Dilution factors are correctly recorded and applied.
- Data transfers are verified and correct.
- Non-conformances have been properly documented and communicated.
- The appropriate SOPs and client requirements were followed.
- When internal COC is required, the ICOC record is correct and complete and corresponds to the analytical record.
- Documentation is complete.
- Chemical relationships are met. The following are some examples of chemical relationships that should be reviewed when data is available:

Total Results are  $\geq$  Dissolved Results (e.g. metals)

Total Solids (TS)  $\geq$  Total Dissolved Solids (TDS) or suspended solids (TSS)

Total Kjeldahl Nitrogen (TKN)  $\geq$  Ammonia

Total Phosphorus  $\geq$  Orthophosphate

Chemical Oxygen Demand (COD)  $\geq$  Total Organic Carbon (TOC)

Total cyanide  $\geq$  Amenable Cyanide

TDS  $\geq$  Individual Anions

**20.13.4.3** Unacceptable analytical results found during primary or secondary review may require reanalysis of the samples. Any problems are brought to the attention of laboratory management for further investigation. Corrective action is initiated whenever necessary.

**20.13.4.4** When secondary data review is complete the PM performs a completeness review which includes a total overview of the data report to ensure its consistency with project specific requirements. Any errors noted during this review are noted and corrected prior to submission of the report to the client. The Project Manager also signs the final report. (*Also see section 26 on Reporting Results*). The accounting personnel also check the report for any clerical or invoicing errors. When complete, the report is sent out to the client.

### **20.13.5 Manual Integrations**

Computerized data systems provide the analyst with the ability to re-integrate raw instrument data in order to optimize the interpretation of the data. Though manual integration of data is an invaluable tool for resolving variations in instrument performance and some sample matrix problems, when used improperly, this technique would make unacceptable data appear to meet quality control acceptance limits. Improper re-integrations lead to legally indefensible data, a poor reputation, or possible laboratory decertification. Because guidelines for re-integration of data are not provided in the methods and most methods were written prior to widespread implementation of computerized data systems, the laboratory trains all analytical staff on proper manual integration techniques using corporate SOP CA-Q-S-002 and laboratory SOP BR-QA-006 as the guidelines.

**20.13.5.1** The analyst must adjust baseline or the area of a peak in some situations, for example when two compounds are not adequately resolved or when a peak shoulder needs to be separated from the peak of interest. The analyst must use professional judgment and common sense to determine when manual integrating is required. Analysts are encouraged to ask for assistance from a senior analyst or manager when in doubt.

**20.13.5.2** Analysts shall not increase or decrease peak areas for the sole purpose of achieving acceptable QC recoveries that would have otherwise been unacceptable. The intentional recording or reporting of incorrect information (or the intentional omission of correct information) is against company principles and policy and is grounds for immediate termination.

**20.13.5.3** Client samples, performance evaluation samples, and quality control samples are all treated equally when determining whether or not a peak area or baseline should be manually adjusted.

**20.13.5.4** All manual integrations receive a second level review. Manual integrations must be indicated on an expanded scale "after" chromatograms such that the integration

performed can be easily evaluated during data review. Expanded scale “before” chromatograms are also required for all manual integrations on QC parameters (calibrations, calibration verifications, laboratory control samples, internal standards, surrogates, etc.) unless the laboratory has another documented corporate approved procedure in place that can demonstrate an active process for detection and deterrence of improper integration practices.



**Figure 20-2.**  
**Example - New Method / Additional Analyte Checklist**

<b>Test Method:</b>		<input type="checkbox"/> Prep	<input type="checkbox"/> Analytical
<b>Reference Method:</b>			
<b>Will Method be used for DoD Work?</b>			
<b>List Instruments:</b>			
<b>Evaluation of Selectivity</b>	<b>Complete</b>	<b>NA</b>	<b>Other</b>
Retention Time Window Study (GC & HPLC)			
Second Column Confirmation (GC & HPLC)			
IECs (Metals)			
Spectral Profiles / Tune			
Other (Specify)			
Other (Specify)			
<b>Determination of Range</b>			
-Initial Calibration Curve			
-Initial Calibration Verification (ICV, Second Source)			
Linear Dynamic Range (LDR), Metals			
Other (Specify)			
Other (Specify)			
<b>Determination of Sensitivity</b>			
Method Detection Limit (MDL) Study			
Method Detection Limit Verification (MDLV)			
Instrument Detection Limit (IDL) Study, Metals			
<b>Verification of Quantitation Limit</b>			
LOQ Verification Standard			
<b>Demonstration of Capability (Precision and Accuracy Verification)</b>			
Method IDOC			
Analyst IDOC			
<b>Interference Check</b>			
Method Blank			
<b>Standard Operating Procedure &amp; Relevant Documentation</b>			
Test Method SOP			
Sample Preparation SOP			
All Associated SOPs			
Logbook Creation / Revision			
<b>Proficiency Test (PT) Sample &amp; Accreditation Requirements</b>			
PT Samples Analyzed & Acceptable			
Certification/Accreditation			
<b>Method Validation Responsibility:</b>		<b>QA Review</b>	
Method Validation Coordinated By:	Packet Prepared By:	Documentation Complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> TD		Method Validation Complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 21

### EQUIPMENT (AND CALIBRATIONS) (NELAC 5.5.5)

#### 21.1 OVERVIEW

TestAmerica purchases the most technically advanced analytical instrumentation for sample analyses. Instrumentation is purchased on the basis of accuracy, dependability, efficiency and sensitivity. Each laboratory is furnished with all items of sampling, preparation, analytical testing and measurement equipment necessary to correctly perform the tests for which the laboratory has capabilities. Each piece of equipment is capable of achieving the required accuracy and complies with specifications relevant to the method being performed. Before being placed into use, the equipment (including sampling equipment) is calibrated and checked to establish that it meets its intended specification. The calibration routines for analytical instruments establish the range of quantitation. Calibration procedures are specified in Corporate SOP P-T-001\_Rev3\_CalibrationPoints and in the laboratory SOP for each test method. A list of laboratory equipment and instrumentation is presented in Table 21-1.

Equipment is only operated by authorized and trained personnel. Manufacturer's instructions for equipment use are readily accessible to all appropriate laboratory personnel.

#### 21.2 PREVENTIVE MAINTENANCE

**21.2.1** TestAmerica Burlington follows a well-defined program to ensure proper equipment operation and to prevent the failure of laboratory equipment or instrumentation during use. This program of preventive maintenance helps to avoid delays due to instrument failure.

**21.2.2** Routine preventive maintenance procedures and frequency, such as lubrication, cleaning, and replacements, should be performed according to the procedures outlined in the manufacturer's manual. Qualified personnel must also perform maintenance when there is evidence of degradation of peak resolution, a shift in the calibration curve, loss of sensitivity, or failure to continually meet one of the quality control criteria.

**21.2.2.1** Calibrations, routine maintenance, and adjustments are part of the analysts' and Department Managers' responsibilities. Service contracts may be in place for some instruments to cover any major repairs.

**21.2.2.2** High purity gases, reagents, and spare parts are kept on hand to minimize repair time and optimize instrument performance.

**21.2.3** Table 21-2 summarizes the schedule for routine maintenance. It is the responsibility of each Department Manager to ensure that instrument maintenance logs are kept for all equipment in his/her department. Preventative maintenance procedures may also be outlined in analytical SOPs or instrument manuals.

**21.2.4** Instrument maintenance logs are controlled and are used to document instrument problems, instrument repair and maintenance activities. Maintenance logs shall be kept for all major pieces of equipment.

**21.2.4.1** Documentation must include all major maintenance activities such as contracted preventive maintenance and service and in-house activities such as the replacement of electrical components, lamps, tubing, valves, columns, detectors, cleaning and adjustments.

**21.2.4.2** Each entry in the instrument log includes the Analyst's initials, the date, a detailed description of the problem (or maintenance needed/scheduled), a detailed explanation of the solution or maintenance performed, a verification that the equipment is functioning properly, and what performance check standard was used to determine return to control. For example, the date or batch ID of an acceptable CCV or the date the instrument was recalibrated, etc.

**21.2.4.3** When maintenance or repair is performed by an outside agency, service receipts detailing the service performed can be affixed into the logbooks adjacent to pages describing the maintenance performed. This stapled in page must be signed across the page entered and the logbook so that it is clear that a page is missing if only half a signature is found in the logbook.

**21.2.5** In addition, the maintenance records contain:

- The identification of the instrument/equipment (instrument's Serial Number and Model Number)
- The date the instrument/equipment was put into use.
- If available, the condition when the instrument was received (e.g. new, used, reconditioned).
- The maintenance procedures are described in analytical SOPs or instrument manuals located in each laboratory section.

**21.2.6** If an instrument requires repair (subjected to overloading or mishandling, gives suspect results, or otherwise has shown to be defective or outside of specified limits) it shall be taken out of operation and tagged as out of service or otherwise isolated until such a time as the repairs have been made and the instrument can be demonstrated as operational by calibration and/or verification or other test to demonstrate acceptable performance. The laboratory shall examine the effect of this defect on previous analyses (refer to Sections 12 and 13).

**21.2.7** In the event of equipment malfunction that cannot be resolved, service shall be obtained from the instrument vendor manufacturer, or qualified service technician, if such a service can be tendered. If on-site service is unavailable, arrangements shall be made to have the instrument shipped back to the manufacturer for repair. Back up instruments, which have been approved, for the analysis shall perform the analysis normally carried out by the malfunctioning instrument. If the back up is not available and the analysis cannot be carried out within the needed timeframe, the samples shall be subcontracted using the procedures outlined in Section 8.

If an instrument is sent out for service or transferred to another facility, it must be recalibrated and verified (including new initial MDL study) prior to return to lab operations.

### **21.3**      **SUPPORT EQUIPMENT**

This section applies to all devices that may not be the actual test instrument, but are necessary to support laboratory operations. These include but are not limited to: balances, ovens, refrigerators, freezers, water baths, temperature, pressure, and flow measuring devices, and volumetric dispensing devices if quantitative results are dependent on their accuracy, as in standard preparation and dispensing or dilution into a specified volume. All raw data records associated with the support equipment are retained to document instrument performance.

### **21.3.1 Weights and Balances**

The accuracy of the balances used in the laboratory is checked every working day, before use. All balances are placed on stable counter tops.

Each balance is checked prior to use with at least two certified ASTM type 1 weights spanning its range of use (weights that have been calibrated to ASTM type 1 weights may also be used for daily verification). ASTM type 1 weights used only for calibration of other weights (and no other purpose) are inspected for corrosion, damage or nicks at least annually and if no damage is observed, they are calibrated at least every 5 years by an outside calibration laboratory. Any weights (including ASTM Type 1) used for daily balance checks or other purposes are recalibrated/recertified annually to NIST standards (this may be done internally if laboratory maintains "calibration only" ASTM type 1 weights).

All balances are serviced annually by a qualified service representative, who supplies the laboratory with a certificate that identifies traceability of the calibration to the NIST standards.

All of this information is recorded in logs, and the recalibration/recertification certificates are kept on file.

### **21.3.2 pH, Conductivity, and Turbidity Meters**

The pH meters used in the laboratory are accurate to  $\pm 0.1$  pH units, and have a scale readability of at least 0.05 pH units. The meters automatically compensate for the temperature, and are calibrated with at least two working range buffer solutions before each use.

Conductivity meters are also calibrated before each use with a known standard to demonstrate the meters do not exceed an error of 1% or one umhos/cm.

Turbidity meters are also calibrated before each use. All of this information is documented in logs.

Consult pH and Conductivity, and Turbidity SOPs for further information.

### **21.3.3 Thermometers**

All liquid in glass thermometers are calibrated on an annual basis with a NIST-traceable thermometer. IR thermometers, digital probes and thermocouples are calibrated quarterly.

The NIST thermometer is recalibrated every three years (unless thermometer has been exposed to temperature extremes or apparent separation of internal liquid) by an approved outside service and the provided certificate of traceability is kept on file. The NIST thermometer

has increments of 0.2 °C, and has a range applicable to all method and certification requirements. The NIST traceable thermometer is used for no other purpose than to calibrate other thermometers.

Records of calibration are maintained in the QA Department. Monitoring method-specific temperatures, including digestion blocks, hot plates, water baths, and ovens, is documented in support equipment monitoring logbooks or on sample preparation bench sheets. More information on the calibration of thermometers can be found in the laboratory SOP LP-QA-012 Thermometer Calibration Check.

#### **21.3.4 Refrigerators/Freezer Units, Waterbaths, Ovens and Incubators**

The temperatures of all refrigerator units and freezers used for sample and standard storage are monitored each working day (7 days a week for DOD labs).

Ovens, waterbaths and incubators are monitored on days of use.

All of this equipment has a unique identification number, and is assigned a unique thermometer for monitoring.

Sample storage refrigerator temperatures are kept between  $4 \pm 2^{\circ}\text{C}$ . Samples kept in frozen storage are kept between  $-15 \pm 5^{\circ}\text{C}$ .

Specific temperature settings/ranges for other refrigerators, ovens waterbaths, can be found in method specific SOPs.

All of this information is documented in daily temperature logbooks or support equipment monitoring logbooks located in each laboratory section.

#### **21.3.5 Autopipettors, Dilutors, and Syringes**

Mechanical volumetric dispensing devices including burettes (except Class A glassware) are checked for accuracy at least quarterly. Glass micro-syringes are considered the same as Class A glassware.

The laboratory maintains a sufficient inventory of autopipettors of differing capacities that fulfill all method requirements.

These devices are given unique identification numbers, and the delivery volumes are verified gravimetrically, at a minimum, on a quarterly basis.

For those dispensers that are not used for analytical measurements, a label is applied to the device stating that it is not calibrated. Any device not regularly verified can not be used for any quantitative measurements. Refer to laboratory SOP LP-QA-008 r5 Mechanical Pipette for calibration procedures.

Micro-syringes are purchased from Hamilton Company. Each syringe is traceable to NIST. The laboratory keeps on file an "Accuracy and Precision Statement of Conformance" from Hamilton attesting established accuracy.

## 21.4 INSTRUMENT CALIBRATIONS

Calibration of analytical instrumentation is essential to the production of quality data. Strict calibration procedures are followed for each method. These procedures are designed to determine and document the method detection limits, the working range of the analytical instrumentation and any fluctuations that may occur from day to day.

Sufficient raw data records are retained to allow an outside party to reconstruct all facets of the initial calibration. Records contain, but are not limited to, the following: calibration date, method, instrument, analyst(s) initials or signatures, analysis date, analytes, concentration, response, type of calibration (Avg RF, linear, curve, or other calculations that may be used to reduce instrument responses to concentration.)

Sample results must be quantitated from the initial calibration and may not be quantitated from any continuing instrument calibration verification unless otherwise required by regulation, method or program.

If the initial calibration results are outside of the acceptance criteria, corrective action is performed and any affected samples are reanalyzed if possible. If the reanalysis is not possible, any data associated with an unacceptable initial calibration will be reported with appropriate data qualifiers (refer to Section 13).

**Note:** Instruments are calibrated initially and as needed after that and at least annually (*the annual requirement does not apply to Isotope dilution*).

### 21.4.1 CALIBRATION STANDARDS

Calibration standards are prepared using the procedures indicated in the Reagents and Standards section of the determinative method SOP. However, the general procedures are described below.

**21.4.1.1** For each analyte and surrogate (if applicable) of interest, prepare calibration standards at the minimum number of concentrations as stated in the analytical methods. If a reference or mandated method does not specify the number of calibration standards, the minimum number is three, not including blanks or a zero standard. All of the standard solutions are prepared using Class A volumetric glassware, calibrated pipettes, and/or microsyringes and appropriate laboratory quality solvents and stock standards.

**21.4.1.2** Standards for instrument calibration are obtained from a variety of sources. All standards are traceable to NIST whenever possible. Dilution standards are prepared from stock or neat standards purchased from commercial suppliers. A standard preparation logbook is maintained for each department, containing concentration, date of receipt, date of standard preparation, any dilutions made, lot number, supplier, type of solvent and a unique code number to identify the standard. The standard preparation logbook may be in electronic or hardcopy format.

- 21.4.1.3** The lowest concentration calibration standard that is analyzed during an initial calibration must be at or below the stated reporting limit for the method based on the final volume of extract (or sample).
- 21.4.1.4** The other concentrations define the working range of the instrument/method or correspond to the expected range of concentrations found in actual samples that are also within the working range of the instrument/method. Results of samples not bracketed by initial instrument calibration standards (within calibration range to 3 significant figures) must be reported as having less certainty, e.g., defined qualifiers or flags (additional information may be included in the case narrative). The lowest calibration standard must be at or below the reporting limit. The exception to these rules is ICP methods or other methods where the referenced method does not specify two or more standards.
- 21.4.1.5** Given the number of target compounds addressed by some of the organic methods, it may be necessary to prepare several sets of calibration standards, each set consisting of the appropriate number of solutions at different concentrations. The initial calibration will then involve the analysis of each of these sets of the appropriate number of standards.
- 21.4.1.6** All initial calibrations are verified with a standard obtained from a second source and traceable to a national standard, when available (or vendor certified different lot if a second source is not available). For unique situations, such as air analysis where no other source or lot is available, a standard made by a different analyst would be considered a second source. This verification occurs immediately after the calibration curve has been analyzed, and before the analysis of any samples.

#### **21.4.2 CALIBRATION FOR ORGANIC METHODS (GC, HPLC, GC/MS)**

- 21.4.2.1** Many of the organic analytical methods utilize an internal standard calibration (GCMS and some GC). Because of the complex nature of the multippeak chromatograms produced by the method, some instruments necessitate the use of external standard calibration (most GC and HPLC). Surrogate compounds are included in the calibration processes for all appropriate organic analyses. For more details on the calibration types listed below, refer to SOP No. CA-Q-S-005, Calibration Curves.
- 21.4.2.2** Once the operating parameters have been established according to the method, each instrument is calibrated for the appropriate method. The analyst prepares five or more standard solutions at various concentrations containing all of the analytes of interest, internal standards, and surrogates that are appropriate for the method. Note: There are a several EPA methods that have different requirements and are exceptions (e.g. EPA 547) where a minimum of 3 calibration standards are prepared and analyzed.
- 21.4.2.3** The standard solutions are introduced into the instrument in the same manner as samples are; whether it be by direct injection, by headspace analysis, or by purge and trap. The calibration factor (CF) for methods that use external standards, and

the response factor (RF) for methods that use internal standards are calculated for the five standards.

- External standard calibration involves comparison of instrument responses from the sample to the responses from the target compounds in the calibration standards. Sample peak areas (or peak heights) are compared to peak areas (or heights) of the standards. The ratio of the response to the amount of analyte in the calibration standard is defined as the calibration factor (CF).
- Internal standard calibration involves the comparison of instrument responses from the target compounds in the sample to the responses of specific standards added to the sample or sample extract prior to injection. The ratio of the peak area (or height) of the target compound in the sample or sample extract to the peak area (or height) of the internal standard in the sample or sample extract is compared to a similar ratio derived for each calibration standard. The ratio is termed the response factor (RF), and may also be known as a relative response factor in other methods.

In many cases, internal standards are recommended. These recommended internal standards are often brominated, fluorinated, or stable isotopically labeled analogs of specific target compounds, or are closely related compounds whose presence in environmental samples is highly unlikely. The use of specific internal standards is available in the method SOP.

Whichever internal standards are employed, the analyst needs to demonstrate that the measurement of the internal standard is not affected by method analytes and surrogates or by matrix interferences. In general, internal standard calibration is not as useful for GC and HPLC methods with non-MS detectors because of the inability to chromatographically resolve many internal standards from the target compounds. The use of MS detectors makes internal standard calibration practical because the masses of the internal standards can be resolved from those of the target compounds even when chromatographic resolution cannot be achieved.

When preparing calibration standards for use with internal standard calibration, add the same amount of the internal standard solution to each calibration standard, such that the concentration of each internal standard is constant across all of the calibration standards, whereas the concentrations of the target analytes will vary. The internal standard solution will contain one or more internal standards and the concentration of the individual internal standards may differ within the spiking solution (e.g., not all internal standards need to be at the same concentration in this solution). The mass of each internal standard added to each sample extract immediately prior to injection into the instrument or to each sample prior to purging must be the same as the mass of the internal standard in each calibration standard. The volume of the solution spiked into sample extracts should be such that minimal dilution of the extract occurs (e.g., 10  $\mu$ L of solution added to a 1 mL final extract results in only a negligible 1% change in the final extract volume which can be ignored in the calculations).

An ideal internal standard concentration would yield a response factor of 1 for each analyte. However, this is not practical when dealing with more than a few target analytes. Therefore, as a general rule, the amount of internal standard should produce an instrument response (e.g., area counts) that is no more than 100 times that produced by the lowest concentration of the least responsive target analyte associated with the internal standard. This should result in a

minimum response factor of approximately 0.01 for the least responsive target compound. Refer to SOP No. CA-Q-S-005, Calibration Curves, for specific calculations.

**21.4.2.4** Policies regarding the use of calibration standard results for creating the calibration curve are as follows:

- A low calibration standard may be excluded from the calibration if the signal-to-noise ratio or spectral criteria are not suitable. The reporting level must be elevated to be the lowest calibration standard used for calibration.
- The upper calibration standard may be excluded if it saturates the detector or is obviously becoming non-linear. Any sample exceeding the upper standard used in the calibration must be diluted and re-analyzed.
- Mid-calibration standards may not be excluded unless an obvious reason is found, i.e., cracked vial, incorrectly made, etc. The failed standard should be re-run immediately and inserted into the initial calibration. If not useful, recalibration is required.

#### **21.4.2.5 Percent RSD Corrective Action**

Given the potentially large numbers of analytes that may be analyzed in some methods, it is likely that some analytes may exceed the acceptance limit for the RSD for a given calibration. In those instances, the following steps are recommended, but not required.

**21.4.2.5.1** The first step is generally to check the instrument operating conditions. This option will apply in those instances where a linear instrument response is expected. It may involve some trade-offs to optimize performance across all target analytes. For instance, changes to the operating conditions necessary to achieve linearity for problem compounds may cause the RSD for other compounds to increase, but as long as all analytes meet the RSD limits for linearity, the calibration is acceptable.

**21.4.2.5.2** If the RSD for any analyte is greater than the applicable acceptance criteria in the applicable **analytical SOP**, the analyst may wish to review the results (area counts, calibration or response factors, and RSD) for those analytes to ensure that the problem is not associated with just one of the initial calibration standards. If the problem appears to be associated with a single standard, that one standard may be reanalyzed and the RSD recalculated. Replacing the standard may be necessary in some cases.

**21.4.2.5.3** A third alternative is to narrow the calibration range by replacing one or more of the calibration standards with standards that cover a narrower range. If linearity can be achieved using a narrower calibration range, document the calibration linearity, and proceed with analyses. The changes to the upper end of the calibration range will affect the need to dilute samples above the range, while changes to the lower end will affect the overall sensitivity of the method. Consider the regulatory limits or action levels associated with the target analytes when adjusting the lower end of the range.

**Note:** When the purpose of the analysis is to demonstrate compliance with a specific regulatory limit or action level, the laboratory must ensure that the method quantitation limit is at least as low as the regulatory limit or action level.

**21.4.2.6** Alternatively, the least squares regression may be used to determine linearity. A five point line must result in a correlation coefficient ( $r$ ) of 0.990 or better using the least squares method to be considered acceptable.

**21.4.2.7** Instead of a linear curve model (either Average RF or least squares regression), a second order curve (Quadratic) may be used (and preferred) as long as it contains at least six data points. As a rule of thumb, if there is a consistent trend in RFs (or CFs) in the calibration curve, either up or down, then quadratic curve fit may be indicated as the preferred calibration routine for that analyte. The coefficient of determination (COD or  $r^2$ ) for the quadratic curve must be at least 0.99. for it to be considered acceptable. For more details on the calculations see Corporate Calibration Curve SOP CA-Q-S-005. Some limitations on the use of Quadratic Curve fits:

**21.4.2.7.1** Care **MUST** be exercised to assure that the results from this equation are real, positive, and fit the range of the initial calibration.

**21.4.2.7.2** They **may not** be used to mask instrument problems that can be corrected by maintenance. (Not to be used where the analyte is normally found to be linear in a properly maintained instrument).

**21.4.2.7.3** They **may not** be used to compensate for detector saturation. If it is suspected that the detector is being saturated at the high end of the curve, remove the higher concentration standards from the curve and try a 1<sup>st</sup> order fit or average RF.

### **21.4.3 Calibration for Inorganic Analyses**

EPA Method 7000 from EPA SW-846 is a general introduction to the quality control requirements for metals analysis. For inorganic methods, quality control measures set out in the individual methods and in the *Standard Methods for the Examination of Water and Wastewater* (20th Edition) may also be included. Standard Operating Procedures for the analysis and the quality control documentation measures are kept in each laboratory section where the test is performed.

In general, inorganic instrumentation is calibrated with external standards. Some exceptions would be Inductively Coupled Plasma (ICP), Inductively Coupled Plasma Mass Spec (ICPMS), These analyses may use an internal standard to compensate for viscosity or other matrix effects. While the calibration procedures are much the same for inorganics as they are for organics, CF's or RF's are not used. The calibration model in 21.4.2.6 is generally used for most methods, however in some instances the model from section 21.4.2.7 may be used. A correlation coefficient ( $r$ ) of 0.995 or greater must be used to accept a calibration curve generated for an inorganic procedure. Correlation coefficients are determined by hand-held scientific calculators or by computer programs and documented as part of the calibration raw data. Coefficients of calibration curves used for quantitation must be documented as part of the

raw data. Curves are not allowed to be stored in calculator memories and must be written on the raw data for the purposes of data validation.

- 21.4.3.1 "Calibrations" for titrimetric analyses are performed by standardizing the titrants against a primary standard solution. See specific methods in *Standard Methods for the Examination of Water and Wastewater* (20th Edition) for more information.
- 21.4.3.2 Spreadsheets that are used for general chemistry calculations must have all cells containing calculations locked to prevent accidental changes to the calculations.
- 21.4.3.3 Instrument technologies (e.g. ICP) with validated techniques from the instrument manufacturer or other methods using a zero point and single point calibration require the following:
  - 21.4.3.3.1 The instrument is calibrated using a zero point and a single point calibration standard.
  - 21.4.3.3.2 The linear range is established by analyzing a series of standards, one at the reporting limit (RL).
  - 21.4.3.3.3 Sample results within the established linear range do not need to be qualified.
  - 21.4.3.3.4 The zero point and single standard is run daily with each analytical batch.
  - 21.4.3.3.5 A standard at the RL is analyzed daily with each analytical batch and must meet established acceptance criteria.
  - 21.4.3.3.6 The linearity is verified at a frequency established by the manufacturer or method.

#### 21.4.4 Calibration Verification

The calibration relationship established during the initial calibration must be verified at periodic intervals as specified in the laboratory method SOPs in accordance with the referenced analytical methods and NELAC (2003) standard, Section 5.5.5.10. The process of calibration verification applies to both external standard and internal standard calibration techniques, as well as to linear and non-linear calibration models.

**Note:** The process of calibration verification referred to is fundamentally different from the approach called "calibration" in some methods. As described in those methods, the calibration factors or response factors calculated during calibration are used to update the calibration factors or response factors used for sample quantitation. This approach, while employed in other EPA programs, amounts to a daily single-point calibration, and is not appropriate or permitted in SW-846 chromatographic procedures for trace environmental analyses.

- 21.4.4.1 Generally, the initial calibrations must be verified at the beginning of each 12-hour analytical shift during which samples are analyzed. (Some methods may specify more or less frequent verifications). The 12-hour analytical shift begins with the injection of the calibration verification standard (or the MS tuning standard in MS methods). The shift ends after the completion of the analysis of the last sample or standard that can be injected within 12 hours of the beginning of the shift.

- 21.4.4.2** A continuing instrument calibration verification (CCV) must be repeated at the beginning and, for methods that have quantitation by external calibration models, at the end of each analytical batch. Some methods have more frequent CCV requirements see specific SOPs. Most Inorganic methods require the CCV to be analyzed after every 10 samples.
- 21.4.4.3** The acceptance limits for calibration verifications can be found in each method SOP. As a rule of thumb: GCMS  $\pm 20\%$ , GC and HPLC  $\pm 15\%$ , Inorganics:  $\pm 10$  or  $15\%$ . Actual methods may have wider or tighter limits; see the method SOP for specifics.
- 21.4.4.4** If the response (or calculated concentration) for an analyte is within the acceptance limits of the response obtained during the initial calibration, then the initial calibration is considered still valid, and the analyst may continue to use the CF, RF or % drift values from the initial calibration to quantitate sample results.
- 21.4.4.5** If the response (or calculated concentration) for any analyte varies from the mean response obtained during the initial calibration by more than the acceptance criteria, then the initial calibration relationship may no longer be valid. If routine corrective action procedures fail to produce a second consecutive (immediate) calibration verification within acceptance criteria, then either the laboratory has to demonstrate performance after corrective action with two consecutive successful calibration verifications, or a new initial instrument calibration must be performed. However, sample data associated with an unacceptable calibration verification may be reported as qualified data under the following special conditions:
- 21.4.4.5.1** When the acceptance criteria for the calibration verification are exceeded high, i.e., high bias, and there are associated samples that are non-detects, then those non-detects may be reported. Otherwise, the samples affected by the unacceptable calibration verification shall be reanalyzed after a new calibration curve has been established, evaluated and accepted.
- 21.4.4.5.2** When the acceptance criteria for the calibration verification are exceeded low, i.e., low bias, those sample results may be reported if they exceed a maximum regulatory limit/decision level. Otherwise, the samples affected by the unacceptable verification shall be reanalyzed after a new calibration curve has been established, evaluated and accepted.

**21.4.4.6 Verification of Linear Calibrations**

Calibration verification for linear calibrations involves the calculation of the percent drift or the percent difference of the instrument response between the initial calibration and each subsequent analysis of the verification standard. Use the equations below to calculate % Drift or % Difference, depending on the procedure specified in the method SOP. Verification standards are evaluated based on the % Difference from the average CF or RF of the initial calibration or based on % Drift or % Recovery if a linear or quadratic curve is used.

The Percent Difference is calculated as follows:

$$\% \text{ Difference} = \frac{(\text{CF(v) or RF(v)}) - (\text{Avg. CF or RF})}{(\text{Avg. CF or RF})} \times 100$$

Where: CF(v) or RF(v) = CF or RF from verification standard  
Avg. CF or RF = Average CF or RF from Initial Calibration.

The Percent Drift is calculated as follows:

$$\% \text{ Drift} = \frac{\text{Result} - \text{True Value}}{\text{True Value}} \times 100$$

The Percent Recovery is calculated as follows:

$$\% \text{ Recovery} = \frac{\text{Result}}{\text{True Value}} \times 100$$

#### **21.4.4.7 Verification of a Non-Linear Calibration**

Calibration verification of a non-linear calibration is performed using the percent drift or percent recovery calculations described in 21.4.4.6 above.

Regardless of whether a linear or non-linear calibration model is used, if initial verification criterion is not met, then no sample analyses may take place until the calibration has been verified or a new initial calibration is performed that meets the specifications listed in the method SOPs. If the calibration cannot be verified after the analysis of a single verification standard, then adjust the instrument operating conditions and/or perform instrument maintenance, and analyze another aliquot of the verification standard. If the calibration cannot be verified with the second standard, then a new initial calibration is performed.

All target analytes and surrogates, including those reported as non-detects, must be included in periodic calibration verifications for purposes of retention time confirmation and to demonstrate that calibration verification criteria are being met.

All samples must be bracketed by periodic analyses of standards that meet the QC acceptance criteria (e.g., calibration and retention time). The frequency is found in the method SOPs.

**Note:** If an internal standard calibration is being used (basically GCMS) then bracketing standards are not required, only daily verifications are needed. The results from these verification standards must meet the calibration verification criteria and the retention time criteria (if applicable).

#### **21.5 POLICY ON TENTATIVELY IDENTIFIED COMPOUNDS (TICS) – GC/MS ANALYSIS**

For samples containing components not associated with the calibration standards, a library search may be made for the purpose of tentative identification. The necessity to perform this type of identification will be determined by the purpose of the analyses being conducted. Data

system library search routines should not use normalization routines that would misrepresent the library or unknown spectra when compared to each other.

**Note:** If the TIC compound is not part of the client target analyte list but is calibrated by the laboratory and is both qualitatively and/or quantitatively identifiable, it will not be reported as a TIC. If the compound is reported on the same form as true TICs, it must be qualified and/or narrated that the reported compound is qualitatively and quantitatively (if verification in control) reported compared to a known standard that is in control (where applicable).

For example, the RCRA permit or waste delisting requirements may require the reporting of non-target analytes. Only after visual comparison of sample spectra with the nearest library searches may the analyst assign a tentative identification. See the analytical SOP for guidelines for making tentative identifications.

## **21.6 POLICY ON GC/MS TUNING**

Prior to any GCMS analytical sequence, including calibration, the instrument parameters for the tune and subsequent sample analyses within that sequence must be set.

Prior to tuning/auto-tuning the mass spec, the parameters may be adjusted within the specifications set by the manufacturer or the analytical method. These generally don't need any adjustment but it may be required based on the current instrument performance. If the tune verification does not pass it may be necessary to clean the source or perform additional maintenance. Any maintenance is documented in the maintenance log.

**21.6.1** The concentration of the BFB or DFTPP must be at or below the concentrations that are referenced in the analytical methods. Part of the purpose of the tune is to demonstrate sensitivity and analyzing solutions at higher concentrations does not support this purpose. Tune failures may be due to saturation and a lower BFB/DFTPP concentration may be warranted.

**21.6.2** Tune evaluations usually utilize the "Autofind" function and are set up to look at the apex  $\pm 1$  scan and average the three scans. Background correction is required prior to the start of the peak but no more than 20 scans before. Background correction cannot include any part of the target peak.

### **21.6.3 Other Options or if Auto Tune Fails:**

**21.6.3.1** Sometimes the instrument does not always correctly identify the apex on some peaks when the peak is not perfectly shaped. In this case, manually identify and average the apex peak  $\pm 1$  scan and background correct as in 21.6.4 above. This is consistent with EPA 8260 and 8270.

**21.6.3.2** Adjustments such as adjustments to the repeller and ion focus lenses, adjusting the EM Voltage, etc. may be made prior to tune verification as long as all of the subsequent injections in the 12 hour tune cycle are analyzed under the same MS tune settings and it is documented in the run sequence log and/or maintenance log that an adjustment was made. Excessive adjusting (more than 2 tries) without clear documentation is not allowed. Necessary maintenance is performed and documented in instrument log.

**21.6.3.3** A single scan at the Apex (only) may also be used for the evaluation of the tune. For SW 846 and EPA 600 series methods, background correction is still required.

**21.6.3.4** Cleaning the source or other maintenance may be performed and then follow steps for tune evaluation above. Note: If significant maintenance was performed, see methods 8000B or 8000C then the instrument may require recalibration prior to proceeding.

**21.6.4** Tune evaluation printouts must include the chromatogram and spectra as well as the Tune evaluation information. In addition, the verifications must be sent directly to the printer or pdf file (no screen prints for DFTPP or BFB tunes). This ability should be built into the instrument software.

**21.6.5** All MS tune settings must remain constant between running the tune check and all other samples. It is recommended that a separate tune method not be used, however a separate method may be used as long as the MS conditions between the methods are the same as the sample analysis method and tracked so any changes that are made to the analysis method are also made to the tune method.

**Table 21-1.**

**Example - Laboratory Equipment and Instrumentation**

Instrument Type	Manufacturer	Model Number	Serial Number	Year Put into Service	Condition When Received
Automated Distillation Apparatus	Westco	Easy Dist	1090	2002	NEW
Automated Distillation Apparatus	Westco	Easy Dist	1091	2002	NEW
Automated Distillation Apparatus	Labconco	Rapid Still II	NA	1992	UNKNOWN
Automated Distillation Apparatus	Labconco	Rapid Still II	232698	1993	UNKNOWN
Automated Distillation Apparatus	Labconco	Rapid Still II	000693491E	1999	UNKNOWN
COD	HACH	NA	11000022452	UNKNOWN	UNKNOWN
GC/ECD/ECD	Hewlett-Packard (2865)	5890II	3203A41769	UNKNOWN	UNKNOWN
GC/ECD/ECD	Agilent (7424)	6890	US10332093	2003	NEW
GC/ECD/ECD	Hewlett-Packard (2087)	5890II	3115A34941	1991	UNKNOWN
GC/ECD/ECD	Hewlett-Packard (2620)	5890II	3203A41056	1998	UNKNOWN
GC/ECD/ECD	Hewlett-Packard (2404)	5890II	3133A37364	1991	UNKNOWN
GC/ECD/ECD	Hewlett-Packard (2618)	5890II	3203A41055	1987	UNKNOWN
GC/ECD/ECD	Hewlett-Packard (2624)	5890II	3203A41057	1998	UNKNOWN
GC/ECD/ECD	Agilent (7227)	5890II	CN10602095	2006	NEW
GC/ECD/ECD	Agilent (0825)	6890II	US10202136	2002	NEW
GC/ECD/ECD	Agilent (5253)	6890N	CN10723008	2007	NEW
GC/ECD/ECD	Agilent (0911)	6890II	US10230082	2002	NEW
GC/FID/ECD	Hewlett-Packard (Screen)	5890	GC 2415A01109	UNKNOWN	UNKNOWN
GC/FID/FID	Hewlett-Packard (3012)	5890II	3235A45259	1984	UNKNOWN
GC/FID/FID/TCD	Varian	3800	10328	2003	NEW
GC/FID/TCD	Varian	3600	1467	1998	UNKNOWN
GC/FPD/FPD	Hewlett-Packard (2860)	5890	2950A27078	1990	UNKNOWN
GC/FPD/FPD	Hewlett-Packard (2622)	5890II	3203A41058	1987	UNKNOWN
GC/MS	Hewlett-Packard (L)	5890II / 5971	3188A03410	1998	NEW
GC/MS	Hewlett-Packard (M)	5890II / 5971	3188A03486	1998	NEW
GC/MS	Hewlett-Packard (N)	5890II / 5971	418803507	1998	NEW
GC/MS	Agilent (D)	6890N / 5973	US43120962	2004	NEW
GC/MS	Hewlett Packard (V)	5890 / 5971	3549A03239	1998	NEW
GC/MS	Agilent (B)	6890 / 5973	US30965342	2003	NEW
GC/MS	Agilent (C)	6890 / 5973	US41720738	UNKNOWN	NEW
GC/MS	Agilent (E)	6890 / 5973	US44621242	2005	NEW
GC/MS	Agilent (F)	6890 / 5973	US52420622	2005	NEW
GC/MS	Agilent (G)	6890 / 5973	US43110515	UNKNOWN	USED
GC/MS	Hewlett-Packard (P)	5890II / 5971	3188A03495	1992	USED
GC/MS	Hewlett-Packard (Q)	5890II / 5971	3188A03498	1992	NEW
GC/MS	Hewlett-Packard (R)	5890II / 5971	3188A03506	1992	NEW
GC/MS	Hewlett-Packard (Y)	5890II / 5972	3524A2777	1998	NEW
GC/MS	Hewlett-Packard (U)	5890II / 5972	3549A03238	1997	NEW
GC/MS	Agilent (Z)	6890 / 5973	US02440321	2000	NEW
GC/MS	Agilent (H)	6890 / 5973	US+0532425	2006	NEW
GPC	J2 Scientific (I)	Autoinject 110	02D-1030-2.1	2002	NEW
GPC	J2 Scientific (H)	Autoinject 110	02D-1031-2.1	2001	NEW
GPC	J2 Scientific (J)	AccuPrep	03G1076-3.0	2003	NEW
GPC	J2 Scientific (K)	Autoinject 110	02A-102.3-2.1	2007	USED

Instrument Type	Manufacturer	Model Number	Serial Number	Year Put into Service	Condition When Received
HPLC/UV	Dionex (1488)	P680	1680407	1991	
HPLC/UV	Waters (3330)	600	415M	1997	UNKNOWN
HPLC/UV/PDA	Waters (0601)	600E	6PLEPE169		UNKNOWN
HPLC/UV/PDA	Waters (1208)	600	600-4790RP	1988	NEW
Hydrogen Generator	Parker Hannafin	H2-800	h2-800081C	2006	NEW
IC	Dionex (LC2723)	ICS 2000-ICAS40	4100753	2005	
ICP-AES	Thermo Jarrell Ash (6)	61E Trace	435690	1997	NEW
ICP-AES	Thermo Electron Corp (7)	iCAP 6000	ICP20063302	2006	NEW
ICP-MS	Thermo Elemental	X7	X0288	2003	NEW
LC/MS/MS	Waters (1111)	Acquity/Quattro micro	QAA929	2005	NEW
LC/MS/MS	Waters (3062)	616	MX5NM6829M	UNKNOWN	NEW
pH Meter	Beckman	45	166928	1991	UNKNOWN
pH Meter	Denver Instruments	UB5	UB5083018	UNKNOWN	UNKNOWN
TKN Digestion System	Tecator	1015	NA	1991	UNKNOWN
TOC	Carlo Erba	EA-1108	220465	1991	UNKNOWN
TOC	Costech	4010	231009973	2005	UNKNOWN
TOC	Shimadzu	TOC-5000A	63890260-22	1997	UNKNOWN
Turbidimeter	HF Scientific	Micro 100	208463	2001	UNKNOWN
UV/VIS	Genesys	Spectronic 20	35GB029021	1999	UNKNOWN
UV/VIS	Genesys	Spectronic 20	35GE165024	2002	UNKNOWN
UV/VIS	Lachat	Quick Chem 8000	A83000-591	2000	UNKNOWN

**Table 21-2.**

**Example: Schedule of Routine Maintenance**

<b>Instrument</b>	<b>Procedure</b>	<b>Frequency</b>
Leeman Mercury Analyzer	Check Peristaltic Pump tubing Lubricate Autosampler rods Clean Autosampler Check and fill Rinse Vessel Check and fill Stannous Chloride Check Waste Vessel Empty Waste Vessel	As required Monthly Weekly As required As required Daily As required
ICP	Check Peristaltic Pump tubing Clean Torch Replace Torch Check and fill Rinse Vessel Check and fill IS Vessel Fill Standards Cup Check Waste Vessel Empty Waste Vessel Check and clean Cones Perform Auto Peak Adjustment	As required Daily As required As required As required Daily Daily As required As required As required
ICP MS	Check Peristaltic Pump tubing Clean Torch Check and fill Rinse Vessel Check and fill IS Vessel Fill standards cup Check Waste Vessel Empty Waste Vessel Check and clean Cones	As required As required As required As required Daily Daily As required As required
UV-Vis Spectrophotometer	Clean ambient flow cell Wavelength verification check Clean Cuvette with Cuvette Cleaning Solution	As required As required As required
Hewlett Packard GC/MS (VOA)	Clean Injection Port and Liner Change Septa Cut 2-3 inches from GC Column Fill Autosampler rinse vials Clean Purge and Trap mount and purge vessel Check Purge Flow	As required As required As required As required As required As required
Hewlett Packard GC/MS (SVOA)	Clean Injection Port and Liner Change Septa Replace or clip Guard Column Replace or clip Analytical Column Fill Autosampler rinse vials	Daily Daily Daily Daily Daily
Hewlett Packard GC/MS (Air)	Check GC / Entech Column Interface Check Nitrogen Tank Volume Check Nitrogen Valves Software and Valves Cut 2-3 inches from GC Column	As required As required As required As required

<b>Instrument</b>	<b>Procedure</b>	<b>Frequency</b>
Gas Chromatograph	Replace Septa Clean and replace Injection Port Liner Replace or clip Guard Column Replace or clip Analytical Column Bake, Re-foil, Refurbish Detector	As required As required As required As required As required
Zero Air Generator	Change pre-filter cartridge Replace catalyst module Check Indicator Beads in Moisture Filters Bake and Refill Mol Sieve Dry Rite Beads	Annually Indicator Light Blinks Daily As required
Hydrogen Generator	Fill Water Reservoir Replace Water in Water Reservoir Replace Ionic Bags in Water Reservoir	Daily Semi-Annually Semi-Annually
HPLC	Change Transfer Lines Replace Guard Column Replace Analytical Column Replace or clean Pump Head Check Valves Change Plunger Seals Change Suppressor Change Eluent Generator Cartridge and CR-ATC	As required As required As required As required As required As required As required
LC/MS/MS	Replace Guard Column Replace Analytical Column Replace or clean Pump Head Check Valves Change Plunger Seals Change In Line Filter Clean or Change Sample Cone Clean Source	As required As required As required As required As required As required As required
Balances	Class "1" traceable weight check Clean pan and check if level Field service	Daily, when used Daily Annually
Latchet	Change Tubing Replace Bulb	As required As required
Conductivity Meter	Calibrate	Daily
Turbidimeter	Calibrate Check light bulb	As required Daily, when used
Drying Ovens	Temperature monitoring Temperature adjustments	Daily As required
Refrigerators/ Freezers	Temperature monitoring Temperature adjustment Defrosting/cleaning	Daily As required As required
pH/Specific Ion Meter	Calibrate Clean electrode	Daily As required
Centrifuge	Check brushes and bearings	Every 6 months or as needed
Water baths	Temperature monitoring Water replaced	Daily, when used Monthly or as needed

**Table 21-3.**

**Example: Periodic Calibration**

<b>Instrument</b>	<b>Type of Calibration/ Number of Standards</b>	<b>Frequency</b>	<b>Acceptance Limits</b>	<b>Corrective Action</b>
Analytical Balance	Accuracy determined using A2LA-accredited NIST weights.  Minimum of 2 standards bracketing the weight of interest.  Inspected and calibrated by A2LA accredited person annually. A second annual inspection and calibration by same firm.	Daily	± 0.2%	Clean, check level, insure lack of drafts, and that unit is warmed up, recheck. If fails, call service.
Top Loading Balance	Accuracy determined using A2LA-accredited NIST weights.  Minimum of 2 standards bracketing the weight of interest.  Inspected and calibrated by A2LA accredited person annually. A second annual inspection and calibration by same firm.	Daily	± 0.5%	Clean. Replace.
A2LA-accredited NIST Weights	Accuracy determined by accredited weights and measurement laboratory.	1 year	As per certificate.	Replace.
NIST-Traceable Thermometer	Accuracy determined by A2LA-accredited weights and measurement laboratory.	5 years	As per certificate.	Replace.
Thermometer	Against NIST-traceable thermometer	Yearly at appropriate temperature range for intended use	± 1.2°C	Replace

<b>Instrument</b>	<b>Type of Calibration/ Number of Standards</b>	<b>Frequency</b>	<b>Acceptance Limits</b>	<b>Corrective Action</b>
Minimum-Maximum Thermometer	Against NIST-traceable thermometer	Yearly	$\pm 1.5^{\circ}\text{C}$	Replace
InfraRed Temperature Guns	Against NIST-traceable thermometer	Quarterly at appropriate temperature range for intended use.	$\pm 1.5^{\circ}\text{C}$	Repair/replace
Dial-type Thermometer	Against NIST-traceable thermometer	Quarterly at appropriate temperature range for intended use.	$\pm 1.5^{\circ}\text{C}$	Replace
Refrigerator	Temperature checked using NIST-traceable thermometer.	Daily. If out of range, check again in two hours.	$2.7 \pm 1.7^{\circ}\text{C}$	Adjust. Repair. While waiting for repair, seal door, attach "Out of Service" sign, move items to functional unit. Notify supervisor.
Freezer	Temperature checked using NIST-traceable thermometer	Daily. If out of range, check again in two hours.	$(-10)-(-20)^{\circ}\text{C}$	Adjust. Repair. While waiting for repair, seal door, attach "Out of Service" sign, move items to functional unit. Notify supervisor.
Oven	Temperature checked using NIST-traceable thermometer.	When in use.	$104 \pm 1^{\circ}\text{C}$ (drying) $180 \pm 2^{\circ}\text{C}$ (TDS)	Adjust. Replace.
Incubator	Temperature checked using NIST-traceable thermometer.	When in use. For microbiology, twice daily when in use.	BOD: $20 \pm 1.0^{\circ}\text{C}$ Micro: $35 \pm 0.5^{\circ}\text{C}$	Adjust. Replace.
Water Bath	Temperature checked using NIST-traceable thermometer.	When in use.	$\pm 2^{\circ}\text{C}$	Adjust. Replace.
Volumetric Dispensing Devices (Eppendorf® pipette, automatic dilutor or dispensing devices)	One delivery by weight. Using DI water, dispense into tared vessel. Record weight with device ID number.	Monthly	$\pm 2\%$ Calculate accuracy by dividing weight by stated volume times 100 for percent.	Adjust. Replace.

<b>Instrument</b>	<b>Type of Calibration/ Number of Standards</b>	<b>Frequency</b>	<b>Acceptance Limits</b>	<b>Corrective Action</b>
Glass Microliter Syringes	None	Accuracy must be initially de- monstrated if syringe was not received with a certifi-cate attesting to established accuracy.	± 1%	Not applicable.
Conductivity Meter	Cell impedance calibrated with three KCl standards.	Each use.	$r \geq 0.99$	Recalibrate.
Deionized Water	Check in-line conductivity meter on system with conductivity meter in Inorganics Department.	Weekly	$<10 \mu\text{mhos}/\text{cm}^2$	Record on log. Report discrepancies to QA Director.

## SECTION 22

### MEASUREMENT TRACEABILITY (NELAC 5.5.6)

#### 22.1 OVERVIEW

Traceability of measurements shall be assured using a system of documentation, calibration, and analysis of reference standards. Laboratory equipment that are peripheral to analysis and whose calibration is not necessarily documented in a test method analysis or by analysis of a reference standard shall be subject to ongoing certifications of accuracy. At a minimum, these must include procedures for checking specifications of ancillary equipment: balances, thermometers, Deionized (DI) and Reverse Osmosis (RO) water systems, automatic pipettes and other volumetric measuring devices. With the exception of Class A Glassware (including glass microliter syringes that have a certificate of accuracy), quarterly accuracy checks are performed for all mechanical volumetric devices. Microsyringes are verified at least semi-annually or disposed of after 6 months of use. Wherever possible, subsidiary or peripheral equipment is checked against standard equipment or standards that are traceable to national or international standards. The following definitions are provided by the American Association for Laboratory Accreditation (A2LA):

“Traceability is the property of a measurement result whereby it can be related to stated references, usually national or international standards, through an unbroken chain of comparisons, each step in the chain having stated uncertainties.” There are six essential elements:

- An unbroken chain of comparison
- A calculated measurement uncertainty for each step in the chain to allow for an overall uncertainty calculation
- Documentation of each step in each calibration report
- All steps in the chain are performed by individuals with evidence of technical competence and accredited by a recognized accreditation body
- Reference to International Standard (SI) units
- Recalibration at appropriate intervals to preserve traceability

Calibration is defined as “determining and documenting the deviation of the indication of a measuring instrument (or the stated value of a material measure) from the conventional ‘true’ value of the measurand.”

Uncertainty is defined as “a parameter associated with the result of a measurement that characterizes the dispersion of the value that could reasonably be attributed to the measurand.” Measurement of Uncertainty is discussed in Section 20 of this QA Manual.

## **22.2 NIST-TRACEABLE WEIGHTS AND THERMOMETERS**

Reference standards of measurement shall be used for calibration only and for no other purpose, unless it can be shown that their performance as reference standards would not be invalidated.

For NIST-traceable weights and thermometers, the laboratory requires that all calibrations be conducted by a calibration laboratory accredited by A2LA, NVLAP (National Voluntary Laboratory Accreditation Program), APLAC (Asia-Pacific Laboratory Accreditation Cooperation), or EA (European Cooperation for Accreditation). A certificate and scope of accreditation is kept on file at the laboratory. Refer to Section 21 for calibration of weights and thermometers.

An external certified service engineer services laboratory balances on an annual basis. This service is documented on each balance with a signed and dated certification sticker. Balance calibrations are checked each day of use. All liquid in glass thermometers are calibrated annually against a traceable reference thermometer, the calibration of battery operated temperature monitoring devices is performed quarterly. Temperature readings of ovens, refrigerators, and incubators are checked on each day of use.

## **22.3 REFERENCE STANDARDS / MATERIALS**

Reference standards/materials, where commercially available, are traceable to certified reference materials. Commercially prepared standard materials are purchased from vendors accredited by A2LA or NVLAP with an accompanying Certificate of Analysis that documents the standard purity. If a standard cannot be purchased from a vendor that supplies a Certificate of Analysis, the purity of the standard is documented by analysis. (Refer to Section 9 for additional information on purchasing). The receipt of all reference standards must be documented. Reference standards are labeled with a unique Tag ID and expiration date. All documentation received with the reference standard is retained as a QC record and references the Tag ID.

All reference, primary and working standards/materials, whether commercially purchased or laboratory prepared, must be checked regularly to ensure that the variability of the standard or material from the 'true' value does not exceed method requirements. The accuracy of calibration standards is checked by comparison with a standard from a second source. In cases where a second standard manufacturer is not available, a vendor certified different lot is acceptable for use as a second source. For unique situations, such as air analysis where no other source or lot is available, a standard made by a different analyst would be considered a second source. The appropriate Quality Control (QC) criteria for specific standards are defined in laboratory SOPs. In most cases, the analysis of an Initial Calibration Verification (ICV) or LCS (where there is no sample preparation) is used as the second source confirmation. These checks are generally performed as an integral part of the analysis method (e.g. calibration checks, laboratory control samples).

All standards and materials must be stored and handled according to method or manufacturer's requirements in order to prevent contamination or deterioration. Refer to Table 9-1 in Section 9 for general storage requirements and to Table 22-1 for additional storage information. This information is also provide in laboratory SOPs LP-QA-001 and LP-QA-002. For safety requirements, refer to method SOPs and the laboratory Environmental Health and Safety Manual.

## **22.4 DOCUMENTATION AND LABELING OF STANDARDS, REAGENTS, AND REFERENCE MATERIALS**

Reagents must be at a minimum the purity required in the test method. The date of reagent receipt and the expiration date are documented. The lots for most of the common solvents and acids are tested for acceptability prior to company wide purchase. Refer to SOP No. CA-Q-S-001, Solvent and Acid Lot Testing and Approval.

All manufacturer or vendor supplied Certificates of Analysis or Purity must be retained, stored appropriately, and readily available for use and inspection. These records are maintained in the laboratory section where the material is used. Records must be kept of the date of receipt and date of expiration of standards, reagents and reference materials. In addition, records of preparation of laboratory standards, reagents, and reference materials must be retained, stored appropriately, and be readily available for use and inspection. For detailed procedures on the receipt and use of chemical materials in the laboratory refer to laboratory SOPs LP-QA-001 and LP-QA-002.

Commercial materials purchased for preparation of calibration solutions, spike solutions, etc., are usually accompanied with an assay certificate or the purity is noted on the label. If the assay purity is 96% or better, the weight provided by the vendor may be used without correction. If the assay purity is less than 96% a correction will be made to concentrations applied to solutions prepared from the stock commercial material.

**22.4.1** All standards, reagents, and reference materials must be labeled in an unambiguous manner. The preparation of standards are logged into a logbook designated for this purpose, and are assigned a unique identification number (Tag ID). Specific instructions for the documentation of preparation of standard solutions are provided in laboratory SOP LP-QA-002 and in method SOPs.

Standard and reagent preparation records may be maintained in hardcopy or electronically. These records show the traceability to purchased stocks or neat compounds. These records also include method of preparation, date of preparation, expiration date and preparer's name or initials. Preparation procedures are provided in the Method SOPs.

**22.4.2** All standards, reagents, and reference materials must be clearly labeled with a minimum of the following information:

- Expiration Date
- Standard ID
- Special Health/Safety warnings if applicable

**22.4.3** In addition, the following information may be helpful:

- Date of receipt for commercially purchased items or date of preparation for laboratory prepared items
- Date opened (for multi-use containers, if applicable)

- Description of standard (if different from manufacturer's label or if standard was prepared in the laboratory)
- Concentration (if applicable)
- Initials of analyst preparing standard or opening container

Specific labeling requirements used by the laboratory are provided in laboratory SOPs LP-QA-001 and LP-QA-002.

All containers of prepared reagents must include a preparation date, expiration date and an ID number to trace back to preparation.

Procedures for preparation of reagents can be found in the Method SOPs.

Standard ID numbers must be traceable through associated logbooks, worksheets and raw data.

All reagents and standards must be stored in accordance to the following priority: 1) with the manufacturer's recommendations; 2) with requirements in the specific analytical methods; and 3) according to Table 22-1.

Table 22-1.

**Standard Sources and Preparation**

Instrument	Source	How Received	Stock Storage	Preparation	Intermediate & Working Standard Storage	Frequency
ICP	SPEX; Environmental Express	1000 ppm Solutions	Room Temperature	Working standards from stock	Room Temperature	Daily
GC	Ultra; Restek	Solutions	Refrigerate	Working standards from stock	Refrigerate	Monthly
TOC	Fisher; Dohrman	Solutions	Refrigerate	As received	Refrigerate	N/A
Volatile Organics	Ultra; Restek	Ampoule/ Solutions	Freezer (-10°C)	Working standards from stock	Refrigerate	Monthly; Gas, weekly
Semi-Volatile Organics	Ultra; Restek	Ampoule/ Solutions	Refrigerate or Room temp.	Working standards from stock	Refrigerate	Monthly
Infrared Spectrophotometry	Aldrich; Sigma	Pure Reagent	Room Temperature	Working standards from stock	Refrigerate	Weekly
Lachat	ERA	Solutions	Refrigerate	Working standards from stock	Refrigerate	Weekly, monthly

## **SECTION 23.0**

### **SAMPLING (NELAC 5.5.7)**

#### **23.1 OVERVIEW**

TestAmerica Burlington does not provide sampling services. The laboratory's responsibility in the sample collection process lies in supplying the sampler with the necessary coolers, reagent water, sample containers, preservatives, sample labels, custody seals, COC forms, and packing materials required to properly preserve, pack, and ship samples to the laboratory.

#### **23.2 SAMPLING CONTAINERS**

The laboratory offers clean sampling containers for use by clients. These containers are obtained from reputable container manufacturers and meet EPA specifications as required. Any certificates of cleanliness that are provided by the supplier are maintained at the laboratory. Air sampling equipment is certified clean in the laboratory using the procedures given in the air method SOPs.

##### **23.2.1 Preservatives**

Upon request, preservatives are provided to the client in pre-cleaned sampling containers. In some cases containers may be purchased pre-preserved from the container supplier. Whether prepared by the laboratory or bought pre-preserved, the grades of the preservatives are at a minimum:

- Hydrochloric Acid – Reagent ACS (Certified VOA Free) or equivalent
- Methanol – Purge and Trap grade
- Nitric Acid – Instra-Analyzed or equivalent
- Sodium Bisulfate – ACS Grade or equivalent
- Sodium Hydroxide – Instra-Analyzed or equivalent
- Sulfuric Acid – Instra-Analyzed or equivalent
- Sodium Thiosulfate – ACS Grade or equivalent

##### **23.2.2 Preparing Container Orders**

When requested by the client, the laboratory provides containers for use for the collection of samples and provides EnCore, TerraCore or other soil sampling devices. When a client requests containers the PM creates and provides a request for containers to the sample management department who prepare the shipment to the client.

If containers are provided directly to the client from the manufacturer or from other sources, the laboratory will not be responsible for any of the above records.

#### **23.3 FIELD QUALITY CONTROL (QC)**

Common field quality control samples are defined in the following paragraphs. The frequency of field quality control samples should be specified in the site specific Quality Assurance Project Plan (QAPP) or by the client. TestAmerica provides trip blanks for VOC analysis with the sample containers for all volatile organic analyses. Blanks generated in the field will be analyzed along with the field samples (exception soil samples where the blank is aqueous).

**23.3.1** Equipment Blank / Rinsate Blank - The equipment blank, sometimes referred to as a rinsate blank, is a sample of the water used to decontaminate sampling equipment. The source water should be as free of target analytes as possible. An aliquot of this water is poured over or through the sample collection device after decontamination, collected in a sample container, preserved with appropriate reagents, and returned to the laboratory. This serves as a check on sampling device cleanliness, and will also be affected by the site and sample handling conditions evaluated by the other types of blanks. The sampling time for the equipment blank should begin when the equipment is rinsed and the water is collected.

**23.3.2** Field Blank - The field blank is water that is as free of target analytes as possible and from the same source as the equipment blank. The water is poured into a sampling container at the sampling site, preserved with the appropriate reagents, and returned to the laboratory. This serves as a check on reagent and environmental contamination. The sampling time for the field blank should be when the blank is prepared in the field.

**23.3.3** Trip Blank - The trip blank pertains to volatile analysis only. This serves as a check on sample contamination originating from sample transport, sample container contamination, shipping and storage, or from certain site conditions. Trip blanks are often referred to as travel blanks. They are prepared using pre-cleaned sample containers. They are filled with organic-free water (the source of the organic free water is the same source of water used to prepare volatile standards, method blanks, LCS and sample dilutions), sealed and taken into the field with the empty containers which will be used for sampling. The recommended frequency is one trip blank per cooler (in duplicate or triplicate), per volatiles method. Unless otherwise specified, the sampling time for the trip blank is the time of receipt at the laboratory (When the "Trip" ends).

**23.3.4** Field Duplicates - Field duplicates are replicate samples collected from the same sampling point or location during a field collection event. This control sample is used to demonstrate the ability of both the sampling and analytical process to generate data of acceptable precision.

## **23.4** DEFINITION OF HOLDING TIME

The date and time of sampling documented on the chain-of-custody (COC) form establishes the day and time zero. As a general rule, when the maximum allowable holding time is expressed in "days" (e.g. 14 days, 28 days), the holding time is based on calendar day measured. Holding times expressed in "hours" (e.g. 6 hours, 24 hours, etc.) is measured from date and time zero. The first day of holding time ends twenty-four hours after sampling. Holding times for analysis include any necessary reanalysis.

**23.4.1** Semi-Volatile - Holding times for sample preparation for semi-volatile organics are measured from the sampling date (and time where applicable) until the day (and time where applicable) solvent contacts the sample. Holding times for analysis are measured from the date

(and time where applicable) of initiation of extraction to the time of injection into the gas chromatograph.

**23.4.2** Volatiles - Holding times for volatile organics are measured from the date (and time where applicable) of sampling to the date and time of injection into the gas chromatograph.

**23.4.3** Inorganics - For inorganic and metals analysis, the preparation/digestion/distillation must be started within the maximum holding time as measured from the sampling date (and time where applicable).

### **23.5** SAMPLING CONTAINERS, PRESERVATION REQUIREMENTS, HOLDING TIMES

The preservation and holding time criteria specified in the following tables are derived from the source documents for the methods. If method required holding times (refer to Tables 23-1 to 23-7) or preservation requirements are not met, the reports will be qualified using a flag, footnote or case narrative. As soon as possible or "ASAP" is an EPA designation for tests for which rapid analysis is advised, but for which neither EPA nor the laboratory have a basis for a holding time.

### **23.6** SAMPLE ALIQUOTS / SUBSAMPLING

Taking a representative sub-sample from a container is necessary to ensure that the analytical results are representative of the sample collected in the field. The size of the sample container, the quantity of sample fitted within the container, and the homogeneity of the sample need consideration when sub-sampling for sample preparation. It is the laboratory's responsibility to take a representative subsample or aliquot of the sample provided for analysis. In that regard the following guidelines apply to analysts:

Analysts should handle each sample as if it is potentially dangerous. At a minimum, safety glasses, gloves, and lab coats must be worn when preparing aliquots for analysis.

The laboratory's procedure for subsampling and homogenization are described in laboratory SOP LP-QA-020 Sample Homogenization and Subsampling.

Tables 23-1 to 23-7 detail holding times, preservation and container requirements, and sample volumes for various SDWA, NPDES and RCRA methods. The sample volumes are intended to be minimal amount required to perform the method, the containers used by the laboratory may be of larger size. Not all of the methods listed in these tables are performed by TestAmerica Burlington; the information is provided for guidance only. **Please note:** *the holding times are program specific and different programs may have different holding times for equivalent methods (e.g., there are difference in Holding times for many Organic analytes between SDWA and NPDES. RCRA methods may also be different.)*

**Table 23-1.  
Holding Times, Preservation and Container Requirements: Drinking Water (SDWA)**

PARAMETER	CONTAINER	PRESERVATION <sup>1,2</sup>		HOLDING TIME <sup>3</sup>	SAMPLE VOLUME
		Temp. <sup>23</sup>	Chemical		
Asbestos	Plastic/Glass	4°C	None	48 hours <sup>5</sup>	1 L
Coliforms (Total and Fecal)	Plastic/Glass <sup>20</sup>	10°C	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	30 hours <sup>21</sup>	120 mL
Cyanide	Plastic/Glass	4°C	NaOH to pH >12	14 days	500 mL
Fluoride	Plastic/Glass	None	None	None	250 mL
Heterotrophic Plate Count	Plastic/Glass <sup>20</sup>	10°C	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	8 hours (24 hours <sup>22</sup> )	120 mL
Mercury	Plastic/Glass	None	HNO <sub>3</sub> to pH<2	28 days	250 mL
Metals <sup>4</sup>	Plastic/Glass	None	HNO <sub>3</sub> to pH<2	6 months	250 mL
Nitrate	Plastic/Glass	4°C	None	48 hours <sup>6</sup>	250 mL
Nitrate-Nitrite	Plastic/Glass	None	H <sub>2</sub> SO <sub>4</sub> to pH<2	28 days	250 mL
Nitrite	Plastic/Glass	4°C	None	48 hours	250 mL
THMs Only	Glass <sup>8</sup>	4°C	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	14 days	3 X 40 mL
Volatile Organic Compounds	Glass <sup>8</sup>	4°C	HCl to pH <2 Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> or Ascorbic acid <sup>9</sup>	14 days	3 X 40 mL
EDB, DBCP, 1,2,3-TCP (EPA 504.1)	Glass <sup>8</sup>	4°C	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	14 days	3 X 40 mL
Organochlorine Pesticides/PCBs (EPA 505) <sup>10</sup>	Glass <sup>8</sup>	4°C	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	14 days <sup>11</sup>	3 X 40 mL
Nitrogen and Phos. Pesticides (EPA 507)	Glass-Amber <sup>8</sup>	4°C	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	14 days <sup>12</sup>	1 L
Total PCBs (EPA 508A)	Glass-Amber <sup>8</sup>	4°C	None	14 days <sup>13</sup>	1 L
Pesticides and PCBs (EPA 508.1) <sup>14</sup>	Glass-Amber <sup>8</sup>	4°C	HCl to pH <2 Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>9</sup>	14 days <sup>13</sup>	1 L
Chlorinated Acids (EPA 515.1)	Glass-Amber <sup>8</sup>	4°C	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	14 days <sup>12</sup>	1 L
Semivolatiles (EPA 525.2)	Glass-Amber <sup>8</sup>	4°C	HCl to pH <2 Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>9</sup>	14 days <sup>13</sup>	1 L

PARAMETER	CONTAINER	PRESERVATION <sup>1,2</sup>		HOLDING TIME <sup>3</sup>	SAMPLE VOLUME
		Temp. <sup>23</sup>	Chemical		
N-Methylcarbamoyloxamines and N-Methcarbamates (EPA 531.1)	Glass <sup>8</sup>	4°C	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> , Monochloroacetic Acid buffer to pH<3	28 days	3 X 60 mL
Glyphosate (EPA 547)	Glass <sup>8</sup>	4°C	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	14 days	3 X 60 mL
Endothall (EPA 548)	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	4°C	None	7 days <sup>15</sup>	1 L
Diquat/Parquat (EPA 549.1)	Glass-Amber <sup>8</sup> (Silanized or PVC amber)	4°C	H <sub>2</sub> SO <sub>4</sub> to PH <2 Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>9</sup>	7 days <sup>16</sup>	1 L
Chlorinated Disinfection Byproducts, Chlorinated Solvents, and Halogenated Pesticides/Herbicides (EPA 551)	Glass <sup>8</sup>	4°C	Phosphate Buffer and Ammonium Chloride <sup>19</sup>	14 days <sup>17</sup>	3 X 60 mL
Haloacetic Acids (EPA 552.1)	Glass-Amber <sup>8</sup>	4°C	Ammonium Chloride	28 days <sup>18</sup>	250 mL

**Key to Table**

1. Sample preservation should be performed immediately upon sample collection. For composite chemical samples, each aliquot should be preserved at the time of collection. When use of an automated sampler makes it impossible to preserve each aliquot, then chemical samples may be preserved by maintaining at 4°C until compositing and sample splitting is completed.
2. When any sample is to be shipped by common carrier or sent through the United States mails, it must comply with the Department of Transportation Hazardous Materials Regulations (49 CFR Part 172). The person offering such material for transportation is responsible for ensuring compliance. For the preservation requirements of Table 6-8, the Office of Hazardous Materials, Materials Transportation Bureau, Department of Transportation has determined that the Hazardous Materials Regulations do not apply to the following materials: Hydrochloric acid, (HCl) in water, solutions at concentrations of 0.04% by weight or less (pH about 1.96 or greater); Nitric acid (HNO<sub>3</sub>) in water solutions at concentrations of 0.15% by weight or less (pH about 1.62 or greater); Sulfuric acid (H<sub>2</sub>SO<sub>4</sub>) in water solutions at concentrations of 0.35% by weight or less pH about 1.15 or greater; and Sodium hydroxide (NaOH) in water solutions at concentrations of 0.080% by weight or less (pH about 12.30 or less).
3. Samples should be analyzed as soon as possible after collection. The times listed are the maximum times that samples may be held before analysis and still be considered valid.
4. All metals except Hg.
5. Instructions for containers, preservation procedures and holding times as specified in Method 100.2 must be adhered to for all compliance analysis including those conducted with Method 100.1.
6. If the sample is chlorinated, the holding time for an un-acidified sample kept at 4°C is extended to 14 days.
7. Nitrate-Nitrite refers to a measurement of total nitrite.
8. With Teflon lined septum.
9. If chlorinated add Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> prior to acidification.
10. Heptaclor has a 7 day hold time
11. 14 days until extraction. 24 hours after extraction.
12. 14 days until extraction. 28 days after extraction.
13. 14 days until extraction. 30 days after extraction.
14. For cyanazine, cool to 4°C only.

**Key to Table**

15. 7 days until derivitation. 1 day after derivatation.
16. 7 days until extraction. 21 days after extraction.
17. 14 days until extraction. 14 days after extraction.
18. 28 days until extraction. 48 hours after extraction.
19. Sodium Sulfite may be used as a dechlorinating agent in some instances. Verify with laboratory prior to sampling.
20. Sterilized. Plastic must be Polypropylene.
21. 40 CFR part 141.74 regulations to avoid filtration or disinfection state 8 hours (DW compliance testing).  
Most facilities are using either disinfection or filtration so the 8 would not apply in most cases.
22. 40 CFR part 141.74 regulations for Disinfection By-Product rule state 8 hours (DW compliance testing) where SM 9215 allows up to 24 hours if sample is stored between  $> 0$  and  $\leq 4^{\circ}$  C
23. For samples with a temperature requirement of  $4^{\circ}$ C, a sample temperature of just above the water freezing temperature to  $\leq 6^{\circ}$ C is acceptable.

**Table 23-2  
 Holding Times, Preservation and Container Requirements: NPDES – Bacteria, Protozoa,  
 Toxicity Tests**

PARAMETER	CONTAINER <sup>1</sup>	PRESERVATION <sup>2,3</sup>		HOLDING TIME <sup>4</sup>	SAMPLE VOLUME
		Temp.	Chemical		
Total, Fecal, and E.coli Coliforms	Plastic/Glass	10°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>5</sup>	6 hours	100 mL
Fecal Streptococci	Plastic/Glass	10°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>5</sup>	6 hours	100 mL
Enterococci	Plastic/Glass	10°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>5</sup>	6 hours	100 mL
Cryptosporidium	LPDE Plastic	0-8°C	None	96 Hours	500 mL
Giardia	LPDE Plastic	0-8°C	None	96 Hours	500 mL
Toxicity – Acute/Chronic	Plastic/Glass	≤ 6°C <sup>5</sup>	None	36 Hours	2 L

**Key to Table**

1. Plastic should be Polypropylene or other sterilizable plastic.
2. Sample preservation should be performed immediately upon sample collection. For composite chemical samples, each aliquot should be preserved at the time of collection. When use of an automated sampler makes it impossible to preserve each aliquot, then chemical samples may be preserved by maintaining at 4°C until compositing and sample splitting is completed.
3. When any sample is to be shipped by common carrier or sent through the United States mails, it must comply with the Department of Transportation Hazardous Materials Regulations (49 CFR Part 172). The person offering such material for transportation is responsible for ensuring compliance. For the preservation requirements of Table 6-8, the Office of Hazardous Materials, Materials Transportation Bureau, Department of Transportation has determined that the Hazardous Materials Regulations do not apply to the following materials: Hydrochloric acid, (HCl) in water, solutions at concentrations of 0.04% by weight or less (pH about 1.96 or greater); Nitric acid (HNO<sub>3</sub>) in water solutions at concentrations of 0.15% by weight or less (pH about 1.62 or greater); Sulfuric acid (H<sub>2</sub>SO<sub>4</sub>) in water solutions at concentrations of 0.35% by weight or less pH about 1.15 or greater); and Sodium hydroxide (NaOH) in water solutions at concentrations of 0.080% by weight or less (pH about 12.30 or less).
4. Samples should be analyzed as soon as possible after collection. The times listed are the maximum times that samples may be held before analysis and still be considered valid.
5. Samples must not be frozen. Sufficient ice should be placed with the samples in the shipping container to ensure that ice is still present when the samples arrive at the laboratory. However, even if ice is present, when samples arrive, it is necessary to measure the temperature of the samples and confirm that the ≤ 6°C temperature has not been exceeded.
6. Should only be used in the presence of residual chlorine.

**Table 23-3**  
**Holding Times, Preservation and Container Requirements: NPDES - Inorganic**

PARAMETER	CONTAINER <sup>1</sup>	PRESERVATION <sup>2,3</sup>		HOLDING TIME <sup>4</sup>	SAMPLE VOLUME
		Temp <sup>14</sup>	Chemical		
Acidity	Plastic/Glass	≤ 6°C	None	14 days	100 mL
Alkalinity	Plastic/Glass	≤ 6°C	None	14 days	100 mL
Ammonia	Plastic/Glass	≤ 6°C	H <sub>2</sub> SO <sub>4</sub> to pH<2	28 days	400 mL
BOD 5 Day	Plastic/Glass	≤ 6°C	None	48 hours	1000 mL
Boron	Plastic <sup>5</sup>	None	HNO <sub>3</sub> to pH<2	6 months	200 mL
Bromide	Plastic/Glass	None	None	28 days	100 mL
CBOD 5 Day	Plastic/Glass	≤ 6°C	None	48 hours	1000 mL
COD	Plastic/Glass	≤ 6°C	H <sub>2</sub> SO <sub>4</sub> to pH<2	28 days	100 mL
Chloride	Plastic/Glass	None	None	28 days	50 mL
Chlorine, Residual	Plastic/Glass	None	None	15 min. <sup>6</sup>	200 mL
Color	Plastic/Glass	≤ 6°C	None	48 hours	50 mL
Cyanide -Total	Plastic/Glass	≤ 6°C	NaOH to pH >12, 0.6 g ascorbic Acid <sup>7</sup>	14 days	100 mL
Cyanide -Amenable	Plastic/Glass	≤ 6°C	NaOH to pH >12, 0.6 g ascorbic Acid <sup>7</sup>	14 days	100 mL
Fluoride	Plastic	None	None	28 days	300 mL
Hardness	Plastic/Glass	None	HNO <sub>3</sub> to pH<2 <sup>8</sup>	6 months	100 mL
Hexavalent, Chromium	Plastic/Glass	≤ 6°C	Ammonium sulfate buffer pH = 9.3 - 9.7	28 dys / 24 hrs <sup>15</sup>	200 mL
Hydrogen Ion (pH)	Plastic/Glass	None	None	15 min. <sup>6</sup>	200 mL
Kjeldahl and organic Nitrogen	Plastic/Glass	≤ 6°C	H <sub>2</sub> SO <sub>4</sub> to pH <2	28 days	500 mL
Mercury <sup>11</sup>	Plastic/Glass	None	HNO <sub>3</sub> to pH<2	28 days	200 mL
Metals <sup>9,10</sup>	Plastic/Glass	None	HNO <sub>3</sub> to pH<2	6 months	200 mL
Nitrate	Plastic/Glass	≤ 6°C	None	48 hours	100 mL
Nitrate-Nitrite	Plastic/Glass	≤ 6°C	H <sub>2</sub> SO <sub>4</sub> to pH <2	28 days	100 mL
Nitrite	Plastic/Glass	≤ 6°C	None	48 hours	100 mL
Oil and Grease	Glass	≤ 6°C	H <sub>2</sub> SO <sub>4</sub> or HCl to pH <2	28 days	1 L

PARAMETER	CONTAINER <sup>1</sup>	PRESERVATION <sup>2,3</sup>		HOLDING TIME <sup>4</sup>	SAMPLE VOLUME
		Temp <sup>14</sup>	Chemical		
Organic Carbon (TOC)	Plastic/Glass	≤ 6°C	H <sub>2</sub> SO <sub>4</sub> or HCl to pH <2 <sup>12</sup>	28 days	250 mL
Orthophosphate	Plastic/Glass	≤ 6°C	Filter within 15 min.	48 hours	250 mL
Oxygen, Dissolved Probe	Glass <sup>13</sup>	None	None	15 min. <sup>6</sup>	200 mL
Oxygen, Winkler	Glass <sup>13</sup>	None	Fix on site and store in dark.	8 hours	300 mL
Phenols	Glass	≤ 6°C	H <sub>2</sub> SO <sub>4</sub> to pH <2	28 days	500 mL
Phosphorus, Elemental	Glass	≤ 6°C	None	48 hours	250 mL
Phosphorus, Total	Plastic/Glass	≤ 6°C	H <sub>2</sub> SO <sub>4</sub> to pH <2	28 days	250 mL
Residue, Total	Plastic/Glass	≤ 6°C	None	7 days	1 L
Residue, Filterable	Plastic/Glass	≤ 6°C	None	7 days	1 L
Residue, Non-Filterable	Plastic/Glass	≤ 6°C	None	7 days	1 L
Residue, Settleable	Plastic/Glass	≤ 6°C	None	48 hours	1 L
Residue, Volatile	Plastic/Glass	≤ 6°C	None	7 days	1 L
Silica	Plastic <sup>5</sup>	≤ 6°C	None	28 days	250 mL
Specific Conductance	Plastic/Glass	≤ 6°C	None	28 days	250 mL
Sulfate	Plastic/Glass	≤ 6°C	None	28 days	250 mL
Sulfide	Plastic/Glass	≤ 6°C	Zinc acetate plus NaOH to pH>9	7 days	500 mL
Sulfite	Plastic/Glass	None	None	15 min. <sup>6</sup>	200 mL
Surfactants	Plastic/Glass	≤ 6°C	None	48 hours	1 L
Temperature	Plastic/Glass	None	None	N/A	100 mL
Turbidity	Plastic/Glass	≤ 6°C	None	48 hours	1 L

**Key to Table**

1. Plastic should be Polyethylene.
2. Sample preservation should be performed immediately upon sample collection. For composite chemical samples, each aliquot should be preserved at the time of collection. When use of an automated sampler makes it impossible to preserve each aliquot, then chemical samples may be preserved by maintaining at ≤ 6°C until compositing and sample splitting is completed.

**Key to Table**

3. When any sample is to be shipped by common carrier or sent through the United States mails, it must comply with the Department of Transportation Hazardous Materials Regulations (49 CFR Part 172). The person offering such material for transportation is responsible for ensuring compliance. For the preservation requirements of Table 6-8, the Office of Hazardous Materials, Materials Transportation Bureau, Department of Transportation has determined that the Hazardous Materials Regulations do not apply to the following materials: Hydrochloric acid, (HCl) in water, solutions at concentrations of 0.04% by weight or less (pH about 1.96 or greater); Nitric acid (HNO<sub>3</sub>) in water solutions at concentrations of 0.15% by weight or less (pH about 1.62 or greater); Sulfuric acid (H<sub>2</sub>SO<sub>4</sub>) in water solutions at concentrations of 0.35% by weight or less pH about 1.15 or greater; and Sodium hydroxide (NaOH) in water solutions at concentrations of 0.080% by weight or less (pH about 12.30 or less).
4. Samples should be analyzed as soon as possible after collection. The times listed are the maximum times that samples may be held before analysis and still be considered valid.
5. May also be collected in quartz or PTFE Plastic.
6. For compliance testing, the analysis must be performed in the field at the time of analysis. If transported to the laboratory for analysis, the analysis will be performed as soon as practical and reported qualified.
7. Should only be used in the presence of residual chlorine.
8. H<sub>2</sub>SO<sub>4</sub> to a pH <2 is also acceptable.
9. Except Mercury and Hexavalent Chromium.
10. Samples should be filtered on site before adding HNO<sub>3</sub> preservative for dissolved metals.
11. Samples collected for determination of trace level mercury (100 ng/L) using EPA 1631 must be collected in tightly capped fluoropolymer or glad bottles and preserved with BrCl or HCl solution within 48 hours of sample collection. The time to preservation may be extended to 28 days if a sample is oxidized in the sample bottle. Samples collected for dissolved trace level mercury should be filtered in the laboratory. However, if circumstances prevent overnight shipping, samples should be filtered in a designated clean area in the field in accordance with procedures given in Method 1669. Samples that been collected for determination of total or dissolved trace level mercury must be analyzed within 90 days of sample collection.
12. Phosphoric acid (H<sub>3</sub>PO<sub>4</sub>) may also be used.
13. Should have glass lid or top.
14. Aqueous samples must be preserved at ≤6 °C unless otherwise indicated, and should not be frozen unless data demonstrating that sample freezing does not adversely impact sample integrity is maintained on file and accepted as valid by the regulatory authority. Also, for purposes of NPDES monitoring, the specification of "≤ °C" is used in place of the "4 °C" and "<4 °C" sample temperature requirements listed in some methods. It is not necessary to measure the sample temperature to three significant figures (1/100th of 1 degree); rather, three significant figures are specified so that rounding down to 6 °C may not be used to meet the ≤6 °C requirement. The preservation temperature does not apply to samples that are analyzed immediately (less than 15 minutes).
15. Holding time is 24 hours if pH adjustment is not performed.

**Table 23-4**  
**Holding Times, Preservation and Container Requirements: NPDES - Organic**

PARAMETER	CONTAINER	PRESERVATION <sup>1,2</sup>		HOLDING TIME <sup>3</sup>	SAMPLE VOLUME
		Temp. <sup>15</sup>	Chemical		
Purgeable Halocarbons	Glass <sup>4</sup>	≤ 6°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>5</sup>	14 days	40 mL
Purgeable Aromatic Hydrocarbons	Glass <sup>4</sup>	≤ 6°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>5</sup> , HCl to pH<2	14 days <sup>6</sup>	40 mL
Acrolein and Acrylonitrile	Glass <sup>4</sup>	≤ 6°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>5</sup> , adjust pH to 4-5 <sup>7</sup>	14 days	40 mL
Phenols <sup>9</sup>	Glass <sup>4</sup>	≤ 6°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>5</sup>	7 days <sup>8</sup>	1 L
Benzidines <sup>9</sup>	Glass <sup>4</sup>	≤ 6°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>5</sup>	7 days <sup>8, 11</sup>	1 L
Phthalate esters <sup>9</sup>	Glass <sup>4</sup>	≤ 6°C	None	7 days <sup>8</sup>	1 L
Nitosamines <sup>9,12</sup>	Glass <sup>4</sup>	≤ 6°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>5,13</sup>	7 days <sup>8</sup>	1 L
PCBs <sup>9</sup>	Glass <sup>4</sup>	≤ 6°C	None	1 year <sup>8</sup>	1 L
Nitroaromatics and Isophorone <sup>9</sup>	Glass <sup>4</sup>	≤ 6°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>5,13</sup>	7 days <sup>8</sup>	1 L
Polynuclear Aromatic Hydrocarbons <sup>9</sup>	Glass <sup>4</sup>	≤ 6°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>5,13</sup>	7 days <sup>8</sup>	1 L
Haloethers <sup>9</sup>	Glass <sup>4</sup>	≤ 6°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>5</sup>	7 days <sup>8</sup>	1 L
Chlorinated Hydrocarbons <sup>9</sup>	Glass <sup>4</sup>	≤ 6°C	None	7 days <sup>8</sup>	1 L
CDD/CDFs <sup>9</sup> – Aqueous: Field/Lab Preservation	Glass	≤ 6°C	pH <9, 0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>5</sup>	1 year	1 L
CDD/CDFs <sup>9</sup> – Solids/Mixed Phase/ - Field Preservation	Glass	≤ 6°C	None	7 days	1 L
CDD/CDFs <sup>9</sup> – Tissue – Field Preservation	Glass	≤ 6°C	None	24 hours	
CDD/CDFs <sup>9</sup> – Solids/Mixed Phase/Tissue - Lab Preservation	Glass	< -10°C	None	1 year	1 L
Pesticides <sup>9</sup>	Glass	≤ 6°C	pH 5-9 <sup>14</sup>	7 days <sup>8</sup>	1 L

### **Key to Table**

1. Sample preservation should be performed immediately upon sample collection. For composite chemical samples, each aliquot should be preserved at the time of collection. When use of an automated sampler makes it impossible to preserve each aliquot, then chemical samples may be preserved by maintaining at  $\leq 6^{\circ}\text{C}$  until compositing and sample splitting is completed.
2. When any sample is to be shipped by common carrier or sent through the United States mails, it must comply with the Department of Transportation Hazardous Materials Regulations (49 CFR Part 172). The person offering such material for transportation is responsible for ensuring compliance. For the preservation requirements of Table 6-8, the Office of Hazardous Materials, Materials Transportation Bureau, Department of Transportation has determined that the Hazardous Materials Regulations do not apply to the following materials: Hydrochloric acid, (HCl) in water, solutions at concentrations of 0.04% by weight or less (pH about 1.96 or greater); Nitric acid ( $\text{HNO}_3$ ) in water solutions at concentrations of 0.15% by weight or less (pH about 1.62 or greater); Sulfuric acid ( $\text{H}_2\text{SO}_4$ ) in water solutions at concentrations of 0.35% by weight or less pH about 1.15 or greater); and Sodium hydroxide (NaOH) in water solutions at concentrations of 0.080% by weight or less (pH about 12.30 or less).
3. Samples should be analyzed as soon as possible after collection. The times listed are the maximum times that samples may be held before analysis and still be considered valid.
4. With Teflon lined septum.
5. Should only be used in the presence of residual chlorine.
6. Samples receiving no pH adjustments must be analyzed within 7 days. If 2-chlorovinylethylether is a target analyte, the sample should not be acidified.
7. The pH adjustment is not required if acrolein is not being measured. Samples for acrolein receiving no pH adjustment must be analyze within three days of sampling.
8. 7 days until extraction, 40 days after extraction. (PCB only – 1 year after extraction)
9. When the extractable analytes of concern fall within a single chemical category, the specified preservative and maximum holding times should be observed for optimum safeguard of sample integrity. When the analytes of concern fall within two or more categories, the sample may be preserved by cooling to  $\leq 6^{\circ}\text{C}$  reducing residual chlorine with 0.0008 % sodium thiosulfate, storing in the dark, and adjusting the pH to 6-9. Samples preserved in this manner may be held for 7 days before extraction and for 40 days after extraction. Exceptions to this optional preservation and holding time procedure are noted in footnote 5 (re the requirement for thiosulfate reduction of residual chlorine) and footnotes 10 and 11(re the analysis of Benzidine).
10. If 1,2-diphenylhydrazine is likely to be present, adjust pH to of the sample to  $4.0 \pm 0.2$  to prevent rearrangement to benzidine.
11. Extracts may be stored up to 30 days before analysis if storage temperature is  $< 0^{\circ}\text{C}$ .
12. For the analysis of diphenylnitrosamine, add 0.008 %  $\text{Na}_2\text{S}_2\text{O}_3$  and ajust pH to 7-10 with NaOH within 24 hours of sampling.
13. Store in dark.
14. The pH adjustment may be performed upon receipt in the laboratory and may be omitted if the samples are extracted within 72 hours of collection. For the analysis of aldrin , add 0.0008 %  $\text{Na}_2\text{S}_2\text{O}_3$ .
15. Aqueous samples must be preserved at  $\leq 6^{\circ}\text{C}$  unless otherwise indicated, and should not be frozen unless data demonstrating that sample freezing does not adversely impact sample integrity is maintained on file and accepted as valid by the regulatory authority. Also, for purposes of NPDES monitoring, the specification of " $\leq^{\circ}\text{C}$ " is used in place of the " $4^{\circ}\text{C}$ " and " $<4^{\circ}\text{C}$ " sample temperature requirements listed in some methods. It is not necessary to measure the sample temperature to three significant figures (1/100th of 1 degree); rather, three significant figures are specified so that rounding down to  $6^{\circ}\text{C}$  may not be used to meet the  $\leq 6^{\circ}\text{C}$  requirement. The preservation temperature does not apply to samples that are analyzed immediately (less than 15 minutes).

**Table 23-5.  
 Holding Times, Preservation and Container Requirements: NPDES - Radiological**

PARAMETER	CONTAINER	PRESERVATION <sup>1,2</sup>		HOLDING TIME <sup>3</sup>	SAMPLE VOLUME
		Temp.	Chemical		
Alpha, Beta, Radium	Plastic/Glass	None	HNO <sub>3</sub> to pH<2	6 months	1 L

**Key to Table**

1. Sample preservation should be performed immediately upon sample collection. For composite chemical samples, each aliquot should be preserved at the time of collection. When use of an automated sampler makes it impossible to preserve each aliquot, then chemical samples may be preserved by maintaining at 4°C until compositing and sample splitting is completed.
2. When any sample is to be shipped by common carrier or sent through the United States mails, it must comply with the Department of Transportation Hazardous Materials Regulations (49 CFR Part 172). The person offering such material for transportation is responsible for ensuring compliance. For the preservation requirements of Table 6-8, the Office of Hazardous Materials, Materials Transportation Bureau, Department of Transportation has determined that the Hazardous Materials Regulations do not apply to the following materials: Nitric acid (HNO<sub>3</sub>) in water solutions at concentrations of 0.15% by weight or less (pH about 1.62 or greater).
3. Samples should be analyzed as soon as possible after collection. The times listed are the maximum times that samples may be held before analysis and still be considered valid.

**Table 23-6.  
Holding Times, Preservation and Container Requirements: RCRA - Aqueous**

PARAMETER	CONTAINER <sup>1</sup>	PRESERVATION <sup>2,3</sup>		HOLDING TIME <sup>4</sup>	SAMPLE VOLUME
		Temp. <sup>12</sup>	Chemical		
Chloride	Plastic/Glass	4°C	None	28 days	100 mL
Cyanide -Total	Plastic/Glass	4°C	NaOH to pH >12 <sup>5</sup>	14 days	250 mL
Cyanide -Amenable	Plastic/Glass	4°C	NaOH to pH >12 <sup>5</sup>	14 days	250 mL
Hydrogen Ion (pH)	Plastic/Glass	4°C	None	24 hours <sup>11</sup>	100 mL
Nitrate	Plastic/Glass	4°C	None	48 hours	28 days
Oil and Grease	Glass	4°C	HCl	28 days	1 L
Organic carbon (TOC)	Plastic/Glass	4°C	pH to <2 <sup>6</sup> Store in dark	28 days	28 days
Sulfate	Plastic/Glass	4°C	None	28 days	400 mL
Sulfide	Plastic/Glass	4°C	Add Zn Acetate	7 days	400 mL
Chromium VI	Plastic/Glass	4°C	None	24 hours	250 mL
Mercury	Plastic/Glass	None	HNO <sub>3</sub> to pH<2	28 days	250 mL
Other Metals	Plastic/Glass	None	HNO <sub>3</sub> to pH<2	6 months	250 mL
Acrolein and Acrylonitrile	Glass <sup>10</sup>	4°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>7</sup> Adjust pH to 4-5 <sup>13</sup>	14 days	1 L
Benzidines	Glass <sup>10</sup>	4°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>7</sup>	7 days <sup>8</sup>	1 L
Chlorinated Hydrocarbons	Glass <sup>10</sup>	4°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>7</sup>	7 days <sup>8</sup>	1 L
Dioxins and Furans	Glass <sup>10</sup>	4°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>7</sup>	7 days <sup>8</sup>	1 L
Haloethers	Glass <sup>10</sup>	4°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>7</sup>	7 days <sup>8</sup>	1 L
Nitroaromatics and cyclic ketones	Glass <sup>10</sup>	4°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>7</sup> , store in dark	7 days <sup>8</sup>	1 L
Nitrosamines	Glass <sup>10</sup>	4°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>7</sup> , store in dark	7 days <sup>8</sup>	1 L
Organochlorine Pesticides	Glass <sup>10</sup>	4°C	None	7 days <sup>8</sup>	1 L
Organophosphorus Pesticides	Glass <sup>10</sup>	4°C	Adjust pH <sup>9</sup>	7 days <sup>8</sup>	1 L
PCBs	Glass <sup>10</sup>	4°C	None	7 days <sup>8</sup>	1 L
Phenols	Glass <sup>10</sup>	4°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>7</sup>	7 days <sup>8</sup>	1 L

PARAMETER	CONTAINER <sup>1</sup>	PRESERVATION <sup>2,3</sup>		HOLDING TIME <sup>4</sup>	SAMPLE VOLUME
		Temp. <sup>12</sup>	Chemical		
Phthalate Esters	Glass <sup>10</sup>	4°C	None	7 days <sup>8</sup>	1 L
Polynuclear Aromatic Hydrocarbons	Glass <sup>10</sup>	4°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>7</sup> , store in dark	7 days <sup>8</sup>	1 L
Purgeable Hydrocarbons	Glass <sup>10</sup>	4°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>7</sup> Adjust pH <2 <sup>2</sup>	14 days	40 mL
Purgeable Halocarbons	Glass <sup>10</sup>	4°C	0.0008 % Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> <sup>7</sup>	14 days	40 mL
Total Organic Halides (TOX)	Glass <sup>10</sup>	4°C	Adjust pH to <2 with H <sub>2</sub> SO <sub>4</sub>	28 days	1 L
Radiological Tests (Alpha, Beta, Radium)	Plastic/Glass	None	HNO <sub>3</sub> to pH<2	6 months	250 mL

**Key to Table**

1. Plastic should be Polyethylene.
2. Sample preservation should be performed immediately upon sample collection. For composite chemical samples, each aliquot should be preserved at the time of collection. When use of an automated sampler makes it impossible to preserve each aliquot, then chemical samples may be preserved by maintaining at 4°C until compositing and sample splitting is completed.
3. When any sample is to be shipped by common carrier or sent through the United States mails, it must comply with the Department of Transportation Hazardous Materials Regulations (49 CFR Part 172). The person offering such material for transportation is responsible for ensuring compliance. For the preservation requirements of Table 6-8, the Office of Hazardous Materials, Materials Transportation Bureau, Department of Transportation has determined that the Hazardous Materials Regulations do not apply to the following materials: Hydrochloric acid, (HCl) in water, solutions at concentrations of 0.04% by weight or less (pH about 1.96 or greater); Nitric acid (HNO<sub>3</sub>) in water solutions at concentrations of 0.15% by weight or less (pH about 1.62 or greater); Sulfuric acid (H<sub>2</sub>SO<sub>4</sub>) in water solutions at concentrations of 0.35% by weight or less pH about 1.15 or greater); and Sodium hydroxide (NaOH) in water solutions at concentrations of 0.080% by weight or less (pH about 12.30 or less).
4. Samples should be analyzed as soon as possible after collection. The times listed are the maximum times that samples may be held before analysis and still be considered valid.
5. If oxidizing agents are present, add 5 mL 0.1 N NaAsO<sub>2</sub> or 0.06 g of ascorbic acid per L. See Cyanide SOP for additional information about other interferences.
6. Adjust pH to <2 with H<sub>2</sub>SO<sub>4</sub>, HCl, or solid NaHSO<sub>4</sub>. Free Chlorine must be removed prior to adjustment.
7. Free Chlorine must be removed by the appropriate addition of Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub>.
8. 7 days until extraction. 40 days after extraction.
9. Adjust pH to 5-8 using NaOH or H<sub>2</sub>SO<sub>4</sub>.
10. With Teflon lined septum.
11. Holding Time is listed as "As Soon as Possible" in SW 846. Per EPA MICE, the recommended maximum holding time for pH in water is 24 hours and pH in soil is 7 days. There are no mandated regulatory requirements.
12. For samples with a temperature requirement of 4°C, a sample temperature of just above the water freezing temperature to ≤ 6°C is acceptable.
13. Based on guidance from EPA MICE, if samples are received with pH adjustment, the holding time is 7 days.

**Table 23-7.  
Holding Times, Preservation and Container Requirements: RCRA – Non-Aqueous**

PARAMETER	CONTAINER <sup>1</sup>	PRESERVATION		HOLDING TIME <sup>2</sup>	SAMPLE WEIGHT
		Temp. <sup>7</sup>	Chemical		
Chloride	Glass	4°C	None	28 days	50 g
Cyanide -Total	Glass	4°C	None	14 days	50 g
Cyanide -Amenable	Glass	4°C	None	14 days	50 g
Hydrogen Ion (pH)	Glass	4°C	None	7 days <sup>6</sup>	50 g
Nitrate	Glass	4°C	None	N/A	50 g
Oil and Grease	Glass	4°C	None	28 days	50 g
Sulfide	Glass	4°C	Add Zn Acetate, zero headspace	7 days	50 g
Chromium VI	Glass	4°C	None	30 days	50 g
Mercury	Plastic/Glass	None	None	28 days	50 g
Other Metals	Plastic/Glass	None	None	6 months	50 g
Acrolein and Acrylonitrile	Glass <sup>4</sup>	4°C	None	14 days	50 g
Benzidines	Glass <sup>4</sup>	4°C	None	14 days <sup>3</sup>	50 g
Chlorinated Hydrocarbons	Glass <sup>4</sup>	4°C	None	14 days <sup>3</sup>	50 g
Dioxins and Furans	Glass <sup>4</sup>	4°C	None	14 days <sup>3</sup>	50 g
Haloethers	Glass <sup>4</sup>	4°C	None	14 days <sup>3</sup>	50 g
Nitroaromatics and cyclic ketones	Glass <sup>4</sup>	4°C	None	14 days <sup>3</sup>	50 g
Nitrosamines	Glass <sup>4</sup>	4°C	None	14 days <sup>3</sup>	50 g
Organochlorine Pesticides	Glass <sup>4</sup>	4°C	None	14 days <sup>3</sup>	50 g
Organophosphorus Pesticides	Glass <sup>4</sup>	4°C	None	14 days <sup>3</sup>	50 g
PCBs	Glass <sup>4</sup>	4°C	None	14 days <sup>3</sup>	50 g
Phenols	Glass <sup>4</sup>	4°C	None	14 days <sup>3</sup>	50 g
Phthalate Esters	Glass <sup>4</sup>	4°C	None	14 days <sup>3</sup>	50 g
Polynuclear Aromatic Hydrocarbons	Glass <sup>4</sup>	4°C	None	14 days <sup>3</sup>	50 g

PARAMETER	CONTAINER <sup>1</sup>	PRESERVATION		HOLDING TIME <sup>2</sup>	SAMPLE WEIGHT
		Temp. <sup>7</sup>	Chemical		
Purgeable Hydrocarbons	Glass <sup>4</sup>	4°C	None	14 days <sup>5</sup>	50 g
Purgeable Halocarbons	Glass <sup>4</sup>	4°C	None	14 days <sup>5</sup>	50 g
Total Organic Halides (TOX)	Glass <sup>4</sup>	4°C	None	28 days	50 g

**Key to Table**

1. Plastic should be Polyethylene.
2. Samples should be analyzed as soon as possible after collection. The times listed are the maximum times that samples may be held before analysis and still be considered valid.
3. 14 days until extraction. 40 days after extraction.
4. With Teflon Lined Septum
5. See Volatile SOP for more detailed preservation requirements.
6. Holding Time is listed as "As Soon as Possible" in SW 846. Per EPA MICE, the recommended maximum holding time for pH in water is 24 hours and pH in soil is 7 days. There are no mandated regulatory requirements.
7. For samples with a temperature requirement of 4°C, a sample temperature of just above the water freezing temperature to ≤ 6°C is acceptable.

**Table 23-8.  
 Holding Times, Preservation and Container Requirements: Air Samples**

PARAMETER	CONTAINER <sup>1</sup>	PRESERVATION		HOLDING TIME <sup>2</sup>	SAMPLE WEIGHT
		Temp.	Chemical		
Volatile Organics	Summa Cannister	None	None	30 days	6L or 1L
Volatile Organics	Tedlar Bag	None	None	72 hrs <sup>3,4</sup>	1 L

**Key to Table**

1. Plastic should be Polyethylene.
2. Samples should be analyzed as soon as possible after collection. The times listed are the maximum times that samples may be held before analysis and still be considered valid.
3. Holding Time is based on SW 846 Method 0040 "SAMPLING OF PRINCIPAL ORGANIC HAZARDOUS CONSTITUENTS FROM COMBUSTION SOURCES USING TEDLAR® BAGS". Some states specifically enforce this holding time (e.g. Florida, New Jersey) and others have not specified this information in their regulatory requirements.
4. The holding time is 72 hours unless the laboratory has a documented validation study that indicates a longer HT is acceptable for the analytes of interest.

## SECTION 24

### HANDLING OF SAMPLES (NELAC 5.5.8)

Sample management procedures at TestAmerica Burlington ensure that sample integrity and custody are maintained and documented from sampling/receipt through disposal.

#### **24.1**      **CHAIN OF CUSTODY (COC)**

The COC form is the written documented history of any sample and can be initiated when bottles are sent to the field, or at the time of sampling. This form is completed by the sampling personnel and accompanies the samples to the laboratory where it is received and stored under the laboratory's custody. The purpose of the COC form is to provide a legal written record of the handling of samples from the time of collection until they are received at the laboratory. It also serves as the primary written request for analyses from the client to the laboratory. The COC form acts as a purchase order for analytical services when no other contractual agreement is in effect. An example of a COC form may be found in Figure 24-1.

##### **24.1.1**      **Field Documentation**

The information the sampler needs to provide at the time of sampling on the container label is:

- Sample identification
- Date and time
- Preservative

During the sampling process, the COC form is completed and must be legible (see Figure 24-1). This form includes information such as:

- Client name, address, phone number and fax number (if available)
- Project name and/or number
- The sample identification
- Date, time and location of sampling
- Sample collectors name
- The matrix description
- The container description
- The total number of each type of container
- Preservatives used
- Analysis requested
- Requested turnaround time (TAT)
- Any special instructions
- Purchase Order number or billing information (e.g. quote number) if available
- The date and time that each person received or relinquished the sample(s), including their signed name.

The samples are stored in a cooler with ice, as applicable, and remain solely in the possession of the client's field technician until the samples are delivered to the laboratory. The sample collector must assure that each container is in his/her physical possession or in his/her view at all times, or stored in such a place and manner to preclude tampering. The field technician relinquishes the samples in writing on the COC form to the sample control personnel at the laboratory or to a TestAmerica courier. Samples are only considered to be received by the lab when personnel at the laboratory have physical contact with the samples.

**Note:** Independent couriers are not required to sign the COC form. The COC is usually kept in the sealed sample cooler. The receipt from the courier is recorded on shipping documents and are maintained with the project record.

#### **24.1.2 Legal / Evidentiary Chain-of-Custody**

When internal change of custody is specified for a project by the client, the PM will notify sample management and sample management staff will initiate an internal COC form (Figure 24.2) for use to document internal transfer of samples in the laboratory.

#### **24.2 SAMPLE RECEIPT**

Samples are received at the laboratory by designated sample receiving personnel and a unique laboratory project identification number is assigned. Each sample container shall be assigned a unique sample identification number that is cross-referenced to the client identification number such that traceability of test samples is unambiguous and documented. Each sample container is affixed with a durable sample identification label. Sample acceptance, receipt, tracking and storage procedures are summarized in the following sections.

The laboratory procedures for sample receipt, log-in and the sample acceptance policy are included in laboratory SOP BR-SM-001 Sample Management.

##### **24.2.1 Sample Log-in**

All samples that are received by the laboratory are logged into the LIMS to allow the laboratory to track and evaluate sample progress. Each group of samples that are logged in together (typically one project from a given client/sampling event) is assigned a unique job number. Within each job, each sampling point (or sample) receives a unique number. Sample numbers are generated sequentially over time, and are not re-assigned. A sample may be composed of more than one bottle since different preservatives may be required to perform all analyses requested. Even if multiple containers are received for a single sample, each container is uniquely identified with an alphabetic letter added to the sample number.

Each job/set of samples is logged into LIMS with the following information when such information is provided by the client:

- Client Name, Project Name, Address, Phone, Fax, Report to information, invoice to information (most of this information is "default information" that is stored in the LIMS).
- Date/time sampled;

- Date received;
- Job and/or project description, sample description;
- Sample matrix, special sample remarks;
- Reporting requirements (i.e., QC level, report format, invoicing format);
- Turn-around-time requirements;
- Parameters (methods and reporting limits or MDLs are default information for a given parameter)

### **24.3 SAMPLE ACCEPTANCE POLICY**

The laboratory has a written sample acceptance policy (Figure 24-3) that clearly outlines the circumstances under which samples shall be accepted or rejected. These circumstances include but are not limited to:

- A complete COC
- samples must be properly labeled;
- proper sample containers with adequate volume for the analysis and necessary QC;
- samples must be preserved according to the requirements of the requested analytical method;
- sample holding times must be adhered to;
- all samples submitted for water/solid Volatile Organic analyses must have a Trip Blank submitted at the same time;
- the PM will be notified if any sample is received in damaged condition.

Data from samples which do not meet these criteria are flagged and the nature of the variation from policy is defined. A copy of the sample acceptance policy is provided to each client prior to shipment of samples.

### **24.4 SAMPLE STORAGE**

In order to avoid deterioration, contamination or damage to a sample during storage and handling, from the time of receipt until all analyses are complete, samples are stored in refrigerators suitable for the sample matrix, tissue samples, biota or other sample may be stored frozen and metals, air, and samples for geotechnical testing are stored at ambient temperature. In addition, samples to be analyzed for volatile organic parameters are stored in separate refrigerators designated for volatile organic parameters only. Samples are never to be stored with reagents, standards or materials that may create contamination.

To ensure the integrity of the samples during storage, refrigerator blanks are maintained in the volatile sample refrigerators and analyzed weekly.

Analysts and technicians retrieve the sample container allocated to their analysis from the designated refrigerator and place them on carts, analyze the sample. All unused portions of samples are returned to the secure sample control area where the samples are kept until disposal. Unless otherwise specified for each project, samples are disposed of thirty days after issuance of the data report. Special arrangements may be made to store samples for longer

periods of time. This extended holding period allows additional metal analyses to be performed on the archived sample and assists clients in dealing with legal matters or regulatory issues.

Access to the laboratory is controlled such that sample storage need not be locked at all times unless a project specifically demands it. Samples are accessible to laboratory personnel only. Visitors to the laboratory are prohibited from entering the refrigerator and laboratory areas unless accompanied by an employee of TestAmerica.

#### **24.5 HAZARDOUS SAMPLES AND FOREIGN SOILS**

To minimize exposure to personnel and to avoid potential accidents, hazardous and foreign soil samples are stored in an isolated area designated for hazardous waste only.

#### **24.6 SAMPLE SHIPPING**

In the event that the laboratory needs to ship samples, the samples are placed in a cooler with enough ice to ensure the samples remain just above freezing and at or below 6.0°C during transit. The samples are carefully surrounded by packing material to avoid breakage (yet maintain appropriate temperature). For samples which include water/solid volatile organic analyses, a trip blank is enclosed when required by method specifications or state or regulatory programs. The chain-of-custody form is signed by the sample control technician and attached to the shipping paperwork. Samples are generally shipped overnight express or hand-delivered by a TestAmerica courier to maintain sample integrity. All personnel involved with shipping and receiving samples must be trained to maintain the proper chain-of-custody documentation and to keep the samples intact and on ice. The Environmental, Health and Safety Manual contains additional shipping requirements.

#### **24.7 SAMPLE DISPOSAL**

Samples should be retained for a minimum of 30 days after the project report is sent, however, provisions may be made for earlier disposal of samples once the holding time is exceeded. Some samples are required to be held for longer periods based on regulatory or client requirements (e.g., 60 days after project report is sent). The laboratory must follow the longer sample retention requirements where required by regulation or client agreement. Several possibilities for sample disposal exist: the sample may be consumed completely during analysis, the sample may be returned to the customer or location of sampling for disposal, or the sample may be disposed of in accordance with the laboratory's waste disposal procedures (SOP: **BR-LB-001**). All procedures in the laboratory Environmental, Health and Safety Manual are followed during disposal. Samples are normally maintained in the laboratory no longer than two months from receipt unless otherwise requested. Unused portions of samples found or suspected to be hazardous according to state or federal guidelines may be returned to the client upon completion of the analytical work.

If a sample is part of a known litigation, the affected legal authority, sample data user, and/or submitter of the sample must participate in the decision about the sample's disposal. All documentation and correspondence concerning the disposal decision process must be kept on file. Pertinent information includes the date of disposal, nature of disposal (such as sample depletion, hazardous waste facility disposal, return to client), names of individuals who conducted the arrangements and physically completed the task. The laboratory will remove or

deface sample labels prior to disposal unless this is accomplished through the disposal method (e.g., samples are incinerated). Sample disposal is recorded electronically using the laboratory's production tools software program.

Figure 24-1.

Example: Chain of Custody (COC)



**TestAmerica**  
THE LEADER IN ENVIRONMENTAL TESTING

**Burlington**  
30 Community Drive, Suite 11  
South Burlington, VT 05403 Tel: 802 660 1990

**CHAIN OF CUSTODY RECORD**

Report to:			Invoice to:			ANALYSIS REQUESTED					Lab Use Only Due Date:						
Company: _____			Company: _____								Temp. of coolers when received (C°):						
Address: _____			Address: _____								1 2 3 4 5						
Contact: _____			Contact: _____								Custody Seal N / Y						
Phone: _____			Phone: _____			Intact N / Y											
Fax: _____			Fax: _____			Screened For Radioactivity <input type="checkbox"/>											
Contract/ Quote: _____			Sampler's Name			Sampler's Signature			Lab/Sample ID (Lab Use Only)								
Proj. No.		Project Name				No / Type of Containers <sup>2</sup>											
Matrix <sup>1</sup>	Date	Time	C o m p	G r a b	Identifying Marks of Sample(s)									VOA	A/G 1 Lt.	250 ml	P/O
Relinquished by: (Signature)			Date	Time	Received by: (Signature)			Date	Time	Remarks							
Relinquished by: (Signature)			Date	Time	Received by: (Signature)			Date	Time								
Relinquished by: (Signature)			Date	Time	Received by: (Signature)			Date	Time								
Client's delivery of samples constitutes acceptance of TestAmerica terms and conditions contained in the Price Schedule.										TestAmerica Cannot accept verbal changes. Please Fax written changes to (802) 660-1919							
<sup>1</sup> Matrix		WW - Wastewater		W - Water		S - Soil		L - Liquid		A - Air bag		C - Charcoal Tube		SL - Sludge		O - Oil	
<sup>2</sup> Container		VOA - 40 ml vial		A/G - Amber / Or Glass 1 Liter		250 ml - Glass wide mouth		P/O - Plastic or other									



**Figure 24-3.**

**Example: Sample Acceptance Policy**

The receipt of samples is acknowledged on the chain of custody (COC) form with the signature and date/time of the sample custodian. The condition of samples upon receipt is documented on checklists designated for this purpose. Any deficiencies identified during sample receipt are recorded and communicated to the laboratory project manager (PM), who will contact the client and fully document any decision to proceed with analysis in the project record. Consultation with the client should be immediate and timely (next business day or as specified in the project plan). Correspondence records and/or records of conversations concerning the decision to proceed with analysis and/or the disposition of rejected samples is maintained in the project record, and should be maintained in association with the sample receipt checklist. All data associated with samples that did not meet the sample acceptance criteria must be qualified with a Non-Conformance Report (NCR) and/or noted in the project narrative that accompanies the final test report.

Sample receipt is considered deficient when the following conditions are observed:

- Shipping cooler and/or samples are received outside the temperature specification
- Sample bottles are received broken or leaking
- Samples are received beyond holding time
- Samples are received without the appropriate preservation
- Samples are not received in appropriate containers
- Chain of Custody does not match the samples received
- Chain of Custody was not received or is incomplete\*
- Custody seals are broken
- Evidence of tampering with the cooler and/or samples
- Headspace in 40mL or 22 mL VOA vials
- Seepage of extraneous water or other material into the samples
- Inadequate sample volume
- Illegible, impermanent ink, or non-unique sample labeling
- One or more coolers missing from a multi parcel shipment
- Shipping container is damaged

*\*Complete documentation shall include sample identification, the location date/time of collection, collector's name, preservation type, sample type and any special remarks concerning the sample.*

Figure 24-4.

**Example: Cooler Receipt Form**

SAMPLE RECEIPT & LOG IN CHECKLIST					
Client:		Date Received:		Log In Date:	
ETR:		Time Received:		By:	
SDG:		Received By:		Signature:	
Project:		# Coolers Received:		PM Signature:	
Samples Delivered By: <input type="checkbox"/> Shipping Service <input type="checkbox"/> Courier <input type="checkbox"/> Hand <input type="checkbox"/> Other (specify)				Date:	
List Air bill Number(s) or Attach a photocopy of the Air Bill:					
COOLER SCREEN		YES	NO	NA	COMMENTS
There is <b>no</b> evidence to indicate tampering					
Custody seals are present and intact					
Custody seal numbers are present					
If yes, list custody seal numbers:					
Thermal Preservation Type: <input type="checkbox"/> Wet Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/> None <input type="checkbox"/> Other (specify)					
IR Gun ID:		Correction Factor (CF) = °C			
Cooler 1: °C	Cooler 6 °C	Cooler 11 °C	Cooler 16 °C	Cooler 2 °C	Cooler 7 °C
Cooler 2: °C	Cooler 7 °C	Cooler 12 °C	Cooler 17 °C	Cooler 3: °C	Cooler 8 °C
Cooler 3: °C	Cooler 8 °C	Cooler 13 °C	Cooler 18 °C	Cooler 4: °C	Cooler 9 °C
Cooler 4: °C	Cooler 9 °C	Cooler 14 °C	Cooler 19 °C	Cooler 5 °C	Cooler 10 °C
Cooler 5 °C	Cooler 10 °C	Cooler 15 °C	Cooler 20 °C		
<i>Unless otherwise documented, the recorded temperature readings are adjusted readings to account for the CF of the IR Gun</i>					
<i>EPA Criteria: 0-6°C, except for air and geo samples which should be at ambient temperature and tissue samples, which may be frozen.</i>					
<i>Some clients require thermal preservation criteria of 2-4°C or other such criteria. The PM must notify SM when alternate criteria is specified.</i>					
SAMPLE CONDITION		YES	NO	NA	COMMENTS
Sample containers were received intact					
Legible sample labels are affixed to each container					
CHAIN OF CUSTODY (COC)		YES	NO	NA	COMMENTS
COC is present and includes the following information for each container:					
▪ Sample ID / Sample Description					
▪ Date of Sample Collection					
▪ Time of Sample Collection					
▪ Identification of the Sampler					
▪ Preservation Type					
▪ Requested Tests Method(s)					
▪ Necessary Signatures					
Internal Chain of Custody (ICOC) Required					
If yes to above, ICOC Record initiated for every Worksheet					
SAMPLE INTEGRITY / USABILITY		YES	NO	NA	COMMENTS
The sample container matches the COC					
Appropriate sample containers were received for the tests requested					
Samples were received within holding time					
Sufficient amount of sample is provided for requested analyses					
VOA vials do not have headspace or a bubble >6mm (1/4" diameter)					
Appropriate preservatives were used for the tests requested					
pH of inorganic samples checked and is within method specification					
If no, attach Inorganic Sample pH Adjustment Form					
ANOMALY / NCR SUMMARY					

## SECTION 25.0

### ASSURING THE QUALITY OF TEST RESULTS (NELAC 5.5.9)

#### 25.1 OVERVIEW

In order to assure our clients of the validity of their data, the laboratory continuously evaluates the quality of the analytical process. The analytical process is controlled not only by instrument calibration as discussed in Section 21, but also by routine process quality control measurements (e.g. Blanks, Laboratory Control Samples (LCS), Matrix Spikes (MS), duplicates (DUP), surrogates, Internal Standards (IS)). These quality control checks are performed as required by the method or regulations to assess precision and accuracy. In addition to the routine process quality control samples, Proficiency Testing (PT) Samples (concentrations unknown to laboratory) are analyzed to help ensure laboratory performance.

#### 25.2 CONTROLS

Sample preparation or pre-treatment is commonly required before analysis. Typical preparation steps include homogenization, grinding, solvent extraction, sonication, acid digestion, distillation, reflux, evaporation, drying and ashing. During these pre-treatment steps, samples are arranged into discreet manageable groups referred to as preparation (prep) batches. Prep batches provide a means to control variability in sample treatment. Control samples are added to each prep batch to monitor method performance and are processed through the entire analytical procedure with investigative/field samples.

#### 25.3 NEGATIVE CONTROLS

**25.3.1 Method Blanks** are used to assess preparation and analysis for possible contamination during the preparation and processing steps.

- 25.3.1.1** The method blank is prepared from a clean matrix similar to that of the associated samples that is free from target analytes (e.g., Reagent water, Ottawa sand, glass beads, etc.) and is processed along with and under the same conditions as the associated samples.
- 25.3.1.2** The method blank goes through all of the steps of the process (including as necessary: filtration, clean-ups, etc.).
- 25.3.1.3** The specific frequency of use for method blanks during the analytical sequence is defined in the specific standard operating procedure for each analysis. Generally it is 1 for each batch of samples; not to exceed 20 environmental samples.
- 25.3.1.4** Evaluation criteria and corrective action for method blanks is defined in the specific standard operating procedure for each analysis. Corrective action is taken if the concentration of a target analyte in the blank is at or above the laboratory's reporting limit (RL). Some regulatory programs, such as the DoD require corrective action when the concentration is greater than one half the RL and when required, the laboratory uses this criterion as the basis of evaluation for corrective action.
  - The source of contamination is investigated

- Measures are taken to minimize or eliminate the source of the contamination
- Affected samples are reprocessed or the results are qualified on the final report.

**25.3.2** **Calibration Blanks** are prepared and analyzed along with calibration standards where applicable. They are prepared using the same reagents that are used to prepare the standards. In some analyses the calibration blank may be included in the calibration curve.

**25.3.3** **Instrument Blanks** are blank reagents or reagent water that may be processed during an analytical sequence in order to assess contamination in the analytical system. In general, instrument blanks are used to differentiate between contamination caused by the analytical system and that caused by the sample handling or sample prep process. Instrument blanks may also be inserted throughout the analytical sequence to minimize the effect of carryover from samples with high analyte content.

**25.3.4** **Trip Blanks** are required to be submitted by the client with each shipment of samples requiring aqueous and solid volatiles analyses. Trip blanks may also be submitted with air samples when required by the client. Volatile trip blanks are prepared by the laboratory by filling a clean container with pure deionized water that has been purged to remove any volatile compounds. Appropriate preservatives are also added to the container. A trip blank for air work is a certified clean air canister that has been evacuated in the laboratory to full vacuum (-30"Hg) prior to shipment to the client. The trip blank is sent with the bottle order and is intended to reflect the environment that the containers are subjected to throughout shipping and handling and help identify possible sources if contamination is found. The field sampler returns the trip blank in the cooler with the field samples. Trip Blanks are also sometimes referred to as Travel Blanks.

**25.3.5** **Field Blanks** are sometimes used for specific projects by the field samplers. A field blank prepared in the field by filling a clean container with pure reagent water and appropriate preservative, if any, for the specific sampling activity being undertaken. (EPA OSWER)

**25.3.6** **Equipment Blanks** are also sometimes created in the field for specific projects. An equipment blank is a sample of analyte-free media which has been used to rinse common sampling equipment to check effectiveness of decontamination procedures. (NELAC)

**25.3.7** **Holding Blanks**, also referred to as refrigerator or freezer blanks, are used to monitor the sample storage units for volatile organic compounds during the storage of VOA samples in the laboratory (refer to section 24.4).

**25.3.8** **Field blanks**, equipment blanks and trip blanks, when received, are analyzed in the same manner as other field samples. When known, blanks should not be selected for matrix QC, as it does not provide information on the behavior of the target compounds in the field samples. Usually, the client sample ID will provide information to identify the field blanks with labels such as "FB", "EB", or "TB".

## **25.4** **POSITIVE CONTROLS**

Control samples (e.g., QC indicators) are analyzed with each batch of samples to evaluate data based upon (1) Method Performance (Laboratory Control Sample (LCS) or Blank Spike (BS)),

which entails both the preparation and measurement steps; and (2) Matrix Effects (Matrix Spike (MS) (Matrix spikes are not applicable to air) or Sample Duplicate (MD, DUP), which evaluates field sampling accuracy, precision, representativeness, interferences, and the effect of the matrix on the method performed. Each regulatory program and each method within those programs specify the control samples that are prepared and/or analyzed with a specific batch.

Note that frequency of control samples vary with specific regulatory, methodology and project specific criteria. Complete details on method control samples are as listed in each analytical SOP.

#### **25.4.1 Method Performance Control - Laboratory Control Sample (LCS)**

**25.4.1.1** The LCS measures the accuracy of the method in a blank matrix and assesses method performance independent of potential field sample matrix effects in a laboratory batch.

**25.4.1.2** The LCS is prepared from a clean matrix similar to that of the associated samples that is free from target analytes (for example: Reagent water, Ottawa sand, glass beads, etc.) and is processed along with and under the same conditions as the associated samples. The LCS is spiked with verified known amounts of analytes or is made of a material containing known and verified amounts of analytes, taken through all preparation and analysis steps along with the field samples. Where there is no preparation taken for an analysis (such as in aqueous volatiles), or when all samples and standards undergo the same preparation and analysis process (such as Phosphorus), a calibration verification standard may be reported as the LCS. In some instances where there is no practical clean solid matrix available, aqueous LCS's may be processed for solid matrices; final results may be calculated as mg/kg or ug/kg, assuming 100% solids and a weight equivalent to the aliquot used for the corresponding field samples, to facilitate comparison with the field samples.

**25.4.1.3** Certified pre-made reference material purchased from a NIST/A2LA accredited vendor may also be used for the LCS when the material represents the sample matrix or the analyte is not easily spiked (e.g. solid matrix LCS for metals, TDS, etc.).

**25.4.1.4** As stated in the opening of this section, the LCS goes through all of the steps of the process (including as necessary: filtration, clean-ups, etc.).

**25.4.1.5** The specific frequency of use for LCS during the analytical sequence is defined in the specific standard operating procedure for each analysis. It is generally 1 for each batch of samples; not to exceed 20 environmental samples.

**25.4.1.6** If the mandated or requested test method, or project requirements, do not specify the spiking components, the laboratory shall spike all reportable components to be reported in the Laboratory Control Sample (and Matrix Spike) where applicable (e.g. no spike of pH). However, in cases where the components interfere with accurate assessment (such as simultaneously spiking chlordane, toxaphene and PCBs in Method 608), the test method has an extremely long list of components or components are incompatible, at a minimum, a representative number of the listed components (see below) shall be used to control the test method. The selected components of each spiking mix shall represent all chemistries, elution patterns and

masses, permit-specified analytes and other client requested components. However, the laboratory shall ensure that all reported components are used in the spike mixture within a two-year time period.

**25.4.1.6.1** For methods that have 1-10 target analytes, spike all components.

**25.4.1.6.2** For methods that include 11-20 target analytes, spike at least 10 or 80%, whichever is greater.

**25.4.1.6.3** For methods with more than 20 target analytes, spike at least 16 components.

**25.4.1.6.4** Exception: Due to analyte incompatibility in pesticides, Toxaphene and Chlordane are only spiked at client request based on specific project needs.

**25.4.1.6.5** Exception: Due to analyte incompatibility between the various PCB aroclors, aroclors 1016 and 1260 are used for spiking as they cover the range of all of the aroclors. Specific aroclors may be used by request on a project specific basis.

**25.4.1.7** **Accuracy Calculation**: Percent Recovery (%R) Calculation (applies to LCS, CCV, Surrogates, and Matrix Spikes).

$$\%R = \frac{AV}{TV} \times 100$$

Where: AV = Analyzed Value  
TV = True Value

## **25.5** **SAMPLE MATRIX CONTROLS**

### **25.5.1** **Matrix Spikes (MS)**

**25.5.1.1** The Matrix spike is used to assess the effect sample matrix of the spiked sample has on the precision and accuracy of the results generated by the method used.

**25.5.1.2** An MS is essentially a sample fortified with a known amount of the test analyte(s). At a minimum, with each matrix-specific batch of samples processed, an MS is carried through the complete analytical procedure. Unless specified by the client, samples used for spiking are randomly selected and rotated between different client projects.

**25.5.1.3** If the mandated or requested test method does not specify the spiking components, the laboratory shall spike all reportable components to be reported in the Laboratory Control Sample and Matrix Spike. However, in cases where the components interfere with accurate assessment (such as simultaneously spiking chlordane, toxaphene and PCBs in Method 608), the test method has an extremely long list of components or components are incompatible, a representative number of the listed components (see LCS analytes 25.4.1.6 above) may be used to control the test method. The selected components of each spiking mix shall represent all chemistries, elution patterns and masses, permit-specified analytes and other client

requested components. However, the laboratory shall ensure that all reported components are used in the spike mixture within a two-year time period.

- 25.5.1.4** The percent recovery calculation for matrix spikes is essentially the same as the calculation shown in 25.2.1.7 except that:

$$AV = Sp - Sa$$

Where: Sp = Spike result  
Sa = Sample result

## **25.5.2** Surrogate Spikes

- 25.5.2.1** Surrogate Spikes are similar to matrix spikes except the analytes are compounds with properties that mimic the analyte of interest and are unlikely to be found in environment samples.

- 25.5.2.2** Surrogate compounds are added to all samples, standards, and blanks, for all organic chromatography methods except when the matrix precludes its use or when a surrogate is not available. The recovery of the surrogates is compared to the acceptance limits for the specific method (also refer to Section 25.5). Poor surrogate recovery may indicate a problem with sample composition and shall be reported, with data qualifiers, to the client whose sample produced poor recovery.

## **25.5.3** Duplicates

- 25.5.3.1** For a measure of analytical precision, with each matrix-specific batch of samples processed, a matrix duplicate (MD or DUP) sample, matrix spike duplicate (MSD), or LCS duplicate (LCSD) is carried through the complete analytical procedure. Duplicate samples are usually analyzed with methods that do not require matrix spike analysis. LCSD's are normally not performed except when regulatory agencies or client specifications require them. The recoveries for the spiked duplicate samples must meet the same laboratory established recovery limits as the accuracy QC samples. If an LCSD is analyzed both the LCS and LCSD must meet the same recovery criteria and be included in the final report. The precision measurement is reported as "Relative Percent Difference" (RPD). Poor precision between duplicates (except LCS/LCSD) may indicate non-homogeneous matrix or sampling.

- 25.5.3.2** Precision Calculation (Relative Percent Difference - RPD)

$$RPD = \frac{|S - D|}{\frac{(S + D)}{2}} \times 100$$

Where: S=Sample Concentration  
D=Duplicate Concentration

## **25.5.4** Internal Standards

**25.5.4.1** In most organic analyses, internal standards are spiked into all environmental and quality control samples (including the initial calibration standards). An internal standard is also used with some metals analyses. It is added to sample extracts after the extraction (post-prep). The acceptance criteria in most methods are 50% to 200% of the responses in the mid-point of the corresponding calibration curve. Consult the method-specific SOPs for details on the internal standard compounds, calculations and acceptance criteria.

**25.5.4.2** When the internal standard recoveries fall outside these limits, if there are not obvious chromatographic interferences, reanalyze the sample to confirm a possible matrix effect. If the recoveries confirm or there was obvious interference, results are reported from the original analysis and a qualifier is added. If the reanalysis meets internal standard recovery criteria, the second run is reported (or both are reported if requested by the client).

## **25.6**      **ACCEPTANCE CRITERIA (CONTROL LIMITS)**

**25.6.1** Each individual analyte in the LCS, MS, or Surrogate Spike are evaluated against the control limits as published in the laboratory's test method SOP. When there are no limits, the laboratory establishes control limits from control charts and these limits are used for evaluation unless, there are client specific or regulated mandated control limits in which case, the regulatory or project limits will supersede the laboratory's in-house limits. The laboratory's procedure for the generation of control charts and control limits is provided in laboratory SOP LP-QA-013 Control Limits. Control limits are published in each analytical SOP.

**Note:** For methods, analytes and matrices with very limited data (e.g., unusual matrices not analyzed often), interim limits are established using available data or by analogy to similar methods or matrices.

**25.6.2** Once control limits have been established, they are verified, reviewed, and updated if necessary on an annual basis unless the method requires more frequent updating (e.g. EPA SW846 8000 series methods). Control limits are established per method (as opposed to per instrument) regardless of the number of instruments utilized.

**25.6.3** Laboratory generated % Recovery acceptance (control) limits are generally established by taking  $\pm 3$  Standard Deviations (99% confidence level) from the average recovery of a minimum of 20-30 data points (more points are preferred).

**25.6.4** The lab must be able to generate a current listing of their control limits and track when the updates are performed. In addition, the laboratory must be able to recreate historical control limits. The laboratory's procedure for the generation of control charts and control limits is provided in laboratory SOP LP-QA-013 Control Limits. Control limits are published in each analytical SOP.

**25.6.5** A LCS that is within the acceptance criteria establishes that the analytical system is in control and is used to validate the process. Samples that are analyzed with an LCS with recoveries outside of the acceptance limits may be determined as out of control and should be reanalyzed if possible. If reanalysis is not possible, then the results for all affected analytes for samples within the same batch must be qualified when reported. The internal corrective action

process (see Section 13) is also initiated if an LCS exceeds the acceptance limits. Sample results may be qualified and reported without reanalysis if:

**25.6.5.1** The analyte results are below the reporting limit and the LCS is above the upper control limit.

**25.6.5.2** If the analytical results are above the relevant regulatory limit and the LCS is below the lower control limit.

**25.6.5.3** Or, for NELAC and Department Of Defense (DOD) work, there are an allowable number of Marginal Exceedances (ME):

- <11 analytes – 0 marginal exceedances are allowed.
- 11 – 30 Analytes – 1 marginal exceedance is allowed
- 31-50 Analytes – 2 marginal exceedances are allowed
- 51-70 Analytes – 3 marginal exceedances are allowed
- 71-90 Analytes – 4 marginal exceedances are allowed
- > 90 Analytes – 5 marginal exceedances are allowed

**25.6.5.3.1** Marginal exceedances are recovery exceedances between 3 SD and 4 SD from the mean recovery limit (NELAC).

**25.6.5.3.2** Marginal exceedances must be random. If the same analyte exceeds the LCS control limit repeatedly, it is an indication of a systematic problem. The source of the error must be located and corrective action taken. The laboratory has a system to monitor marginal exceedances to ensure that they are random.

**25.6.5.3.3** Though marginal exceedances may be allowed, the data must still be qualified to indicate it is outside of the normal limits.

**25.6.6** If the MS/MSDs do not meet acceptance limits, the MS/MSD and the associated spiked sample is reported with a qualifier for those analytes that do not meet limits. If obvious preparation errors are suspected, or if requested by the client, unacceptable MS/MSDs are reprocessed and reanalyzed to prove matrix interference. A more detailed discussion of acceptance criteria and corrective action can be found in method specific SOPs.

**25.6.7** If a surrogate standard falls outside the acceptance limits, if there is not obvious chromatographic matrix interference, reanalyze the sample to confirm a possible matrix effect. If the recoveries confirm or there was obvious chromatographic interference, results are reported from the original analysis and a qualifier is added. If the reanalysis meets surrogate recovery criteria, the second run is reported (or both are reported if requested by the client). Under certain circumstances, where all of the samples are from the same location and share similar chromatography, the reanalysis may be performed on a single sample rather than all of the samples and if the surrogate meets the recovery criteria in the reanalysis, all of the affected samples would require reanalysis.

**25.7      METHOD DETECTION LIMITS (MDLs)**

MDLs, calculated as described in Section 20.7, are updated or verified annually, or more often if required by the method.

**25.8      ADDITIONAL PROCEDURES TO ASSURE QUALITY CONTROL**

**25.8.1**      The laboratory has written procedures to assure the accuracy of the test method including calibration (see Section 21), use of certified reference materials (see Section 22) and use of PT samples (see Section 16).

**25.8.2**      A discussion regarding MDLs, Limit of Detection (LOD) and Limit of Quantitation (LOQ) can be found in Section 20.

**25.8.3**      Use of formulae to reduce data is discussed in the method standard operating procedures and in Section 21.

**25.8.4**      Selection of appropriate reagents and standards is included in Section 9 and 22.

**25.8.5**      A discussion on selectivity of the test is included in Section 5.

**25.8.6**      Constant and consistent test conditions are discussed in Section 19.

**25.8.7**      The laboratory's sample acceptance policy is included in Section 24.

**25.8.8**      A listing of the type of test result correlations that are looked at during report review (e.g. Total Chromium should be greater or equal to Hexavalent Chromium) is included in Section 20.13.4.5.

## SECTION 26.0

### REPORTING RESULTS (NELAC 5.5.10)

#### 26.1 OVERVIEW

The results of each test are reported accurately, clearly, unambiguously, and objectively in accordance with State and Federal regulations as well as client requirements. Analytical results are issued in a format that is intended to satisfy customer and laboratory accreditation requirements as well as provide the end user with the information needed to properly evaluate the results. Where there is a conflict between the client requested formats and accreditation requirements or data usability information, accreditation requirements and data usability information will take precedence over client requests. A variety of report formats are available to meet specific needs.

In cases where a client asks for simplified reports, there must be a written request from the client. There still must be enough information that would show any analyses that were out of conformance (QC out of limits) and there should be a reference to a full report that is made available to the client.

Review of reported data is included in Section 20.

#### 26.2 TEST REPORTS

Analytical results are reported in a format that is satisfactory to the client and meets all requirements of applicable accrediting authorities and agencies. A variety of report formats are available to meet specific needs. The report is printed on laboratory letterhead, reviewed, and signed by the appropriate project manager. At a minimum, the standard laboratory report shall contain the following information:

**26.2.1** A report title

**26.2.2** Each report page printed on company letterhead or company second page letterhead, which includes the laboratory name, address and telephone number.

**26.2.3** A unique identification of the report (e.g. project number) and on each page an identification in order to ensure the page is recognized as part of the report and a clear identification of the end.

**Note:** Page numbers of report are represented as page # of ##. Where the first number is the page number and the second is the total number of pages.

**26.2.4** A copy of the chain of custody (COC).

- Any COCs involved with Subcontracting are included.

**26.2.5** The name and address of client and a project name/number, if applicable.

**26.2.6** Client project manager or other contact

**26.2.7** Description and unambiguous identification of the tested sample(s) including the client identification code.

**26.2.8** Date of receipt of sample, date and time of collection, and date(s) of test preparation and performance, and time of preparation or analysis if the required holding time for either activity is less than or equal to 72 hours.

**26.2.9** Date reported or date of revision, if applicable.

**26.2.10** Method of analysis including method code (EPA, Standard Methods, etc).

**26.2.11** Practical quantitation limits.

**26.2.12** Method detection limits (if requested)

**26.2.13** Definition of Data qualifiers and reporting acronyms (e.g. ND).

**26.2.14** Sample results.

**26.2.15** QC data consisting of method blank, surrogate, LCS, and MS/MSD recoveries and control limits.

**26.2.16** Condition of samples at receipt including temperature. This may be accomplished in a narrative or by attaching sample login sheets (Refer to Sec. 26.2.4 – Item 3 regarding additional addenda).

**26.2.17** A statement to the effect that the results relate only to the items tested and the sample as received by the laboratory.

**26.2.18** A statement that the report shall not be reproduced except in full, without prior express written approval by the laboratory.

**26.2.19** A signature and title of the person(s) accepting responsibility for the content of the report and date of issue. Signatories are appointed by the Lab Director. For applying an electronic signature refer to the Electronic Signature Policy (Section 26.4).

**26.2.20** When NELAC accreditation is required, the lab shall certify that the test results meet all requirements of NELAC or provide reasons and/or justification if they do not.

**26.2.21** Where applicable, a narrative to the report that explains the issue(s) and corrective action(s) taken in the event that a specific accreditation or certification requirement was not met.

**26.2.22** When Soil samples are analyzed, a specific identification as to whether soils are reported on a “wet weight” or “dry weight” basis.

**26.2.23** Appropriate laboratory certification number for the state of origin of the sample, if applicable.

**26.2.24** If only part of the report is provided to the client (client requests some results before all of it is complete), it must be clearly indicated on the report, and that a complete report will follow once all of the work has been completed.

**26.2.25** Any out of network subcontracted analysis results are provided as a separate report on the official letterhead of the subcontractor. All in-network subcontracting is clearly identified on the report as to which laboratory performed a specific analysis.

### **26.3 REPORTING LEVEL OR REPORT TYPE**

TestAmerica Burlington offers four levels of quality control reporting. Each level, in addition to its own specific requirements, contains all the information provided in the preceding level. The packages provide the following information in addition to the information described above:

- Level I is a report with the features described in Section 26.2 above.
- Level II is a Level I report plus QC summary information.
- Level III contains all the information supplied in Level II, but presented on the CLP-like summary forms, and relevant calibration information. No raw data is provided.
- Level IV is the same as Level III with the addition of all raw supporting data.

#### **26.3.1 Electronic Data Deliverables (EDDs)**

EDDs are routinely offered as part of TestAmerica’s services. TestAmerica Burlington offers a variety of EDD formats including Environmental Restoration Information Management System (ERPIMS), New Agency Standard (NAS), Format A, Excel, Dbase, GISKEY, and Text Files. **Below is a list of common EDD’s provided by the laboratory:**

EDD specifications are submitted to the IT department by the PM for review and undergo the contract review process. Once the facility has committed to providing data in a specific electronic format, the coding of the format may need to be performed. This coding is documented and validated. The validation of the code is retained by the IT staff coding the EDD.

EDDs shall be subject to a review to ensure their accuracy and completeness. If EDD generation is automated, review may be reduced to periodic screening if the laboratory can demonstrate that it can routinely generate that EDD without errors. Any revisions to the EDD format must be reviewed until it is demonstrated that it can routinely be generated without errors. If the EDD can be reproduced accurately and if all subsequent EDDs can be produced error-free, each EDD does not necessarily require a review.

## **26.4 SUPPLEMENTAL INFORMATION FOR TEST**

The lab identifies any unacceptable QC analyses or any other unusual circumstances or observations such as environmental conditions and any non-standard conditions that may have affected the quality of a result. This is typically in the form of a footnote or a qualifier and/or a narrative explaining the discrepancy in the front of the report. Refer to Appendix 7 for a list of the laboratory's standard footnotes and qualifiers.

**26.4.1** Numeric results with values outside of the calibration range, either high or low are qualified as 'estimated'.

**26.4.2** Where quality system requirements are not met, a statement of compliance/non-compliance with requirements and/or specifications, including identification of test results derived from any sample that did not meet NELAC sample acceptance requirements such as improper container, holding time, or temperature.

**26.4.3** Where applicable, a statement on the estimated uncertainty of measurements; information on uncertainty is needed when a client's instructions so require.

**26.4.4** Opinions and Interpretations - The test report contains objective information, and generally does not contain subjective information such as opinions and interpretations. If such information is required by the client, the Laboratory Director will determine if a response can be prepared. If so, the Laboratory Director will designate the appropriate member of the management team to prepare a response. The response will be fully documented, and reviewed by the Laboratory Director, before release to the client. There may be additional fees charged to the client at this time, as this is a non-routine function of the laboratory.

When opinions or interpretations are included in the report, the laboratory provides an explanation as to the basis upon which the opinions and interpretations have been made. Opinions and interpretations are clearly noted as such and where applicable, a comment should be added suggesting that the client verify the opinion or interpretation with their regulator.

## **26.5 ENVIRONMENTAL TESTING OBTAINED FROM SUBCONTRACTORS**

If TestAmerica Burlington is not able to provide the client the requested analysis, the samples would be subcontracted following the procedures outlined in Section 8.

Data reported from analyses performed by a subcontractor laboratory are clearly identified as such on the analytical report provided to the client. Results from a subcontract laboratory outside of the TestAmerica network are reported to the client on the subcontract laboratory's original report stationary and the report includes any accompanying documentation.

## **26.6 CLIENT CONFIDENTIALITY**

In situations involving the transmission of environmental test results by telephone, facsimile or other electronic means, client confidentiality must be maintained.

TestAmerica will not intentionally divulge to any person (other than the Client or any other person designated by the Client in writing) any information regarding the services provided by TestAmerica or any information disclosed to TestAmerica by the Client. Furthermore, information known to be potentially endangering to national security or an entity's proprietary rights will not be released.

**Note:** This shall not apply to the extent that the information is required to be disclosed by TestAmerica under the compulsion of legal process. TestAmerica will, to the extent feasible, provide reasonable notice to the client before disclosing the information.

**Note:** Authorized representatives of an accrediting authority are permitted to make copies of any analyses or records relevant to the accreditation process, and copies may be removed from the laboratory for purposes of assessment.

**26.6.1** Report deliverable formats are discussed with each new client. If a client requests that reports be faxed or e-mailed, the reports are faxed with a cover sheet or e-mailed with the following note that includes a confidentiality statement similar to the following:

*This material is intended only for the use of the individual(s) or entity to whom it is addressed, and may contain information that is privileged and confidential. If you are not the intended recipient, or the employee or agent responsible for delivering this material to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at the 1-800-765-0980 (or for e-mails: please notify us immediately by e-mail or by phone (1-800-765-0980) and delete this material from any computer).*

## **26.7**      **FORMAT OF REPORTS**

The format of reports are designed to accommodate each type of environmental test carried out and to minimize the possibility of misunderstanding or misuse.

## **26.8**      **AMENDMENTS TO TEST REPORTS**

Corrections, additions, or deletions to reports are only made when justification arises through supplemental documentation. Justification is documented using the laboratory's corrective action system (refer to Section 13).

The revised report is retained with the original report. The revised report will have the word "revised" or "amended" next to the date rather than the word "reported".

When the report is re-issued, a notation of report re-issue or amended report is placed on the cover/signature page of the report *or at the top of the narrative page* with a brief explanation of reason for the re-issue.

## **26.9 POLICIES ON CLIENT REQUESTS FOR AMENDMENTS**

### **26.9.1 Sample Reanalysis Policy**

Because there is a certain level of uncertainty with any analytical measurement a sample reanalysis may result in either a higher or lower value from an initial sample analysis. There are also variables that may be present (e.g. sample homogeneity, analyte precipitation over time, etc.) that may affect the results of a reanalysis. Based on the above comments, the laboratory will reanalyze samples at a client's request with the following caveats. Client specific arrangements for reanalysis protocols can be established.

- Homogenous samples: If a reanalysis agrees with the original result to within the RPD limits for MS/MSD or Duplicate analyses, or within  $\pm 1$  reporting limit for samples  $\leq 5x$  the reporting limit, the original analysis will be reported. At the client's request, both results may be reported on the same report but not on two separate reports.
- If the reanalysis does not agree (as defined above) with the original result, then the laboratory will investigate the discrepancy and reanalyze the sample a third time for confirmation if sufficient sample is available.
- Any potential charges related to reanalysis are discussed in the contract terms and conditions or discussed at the time of the request. The client will typically be charged for reanalysis unless it is determined that the lab was in error.
- Due to the potential for increased variability, reanalysis may not be applicable to Non-homogenous, Encore, and Sodium Bisulfate preserved samples. See the department manager or Laboratory Director if unsure.

### **26.9.2 Policy on Data Omissions or Reporting Limit Increases**

Fundamentally, our policy is simply to not omit previously reported results (including data qualifiers) or to not raise reporting limits and report sample results as ND. This policy has few exceptions. Exceptions are:

- Laboratory error.
- Sample identification is indeterminate (confusion between COC and sample labels).
- An incorrect analysis (not analyte) was requested (e.g., COC lists 8315 but client wanted 8310). A written request for the change is required.
- Incorrect limits reported based on regulatory requirements.
- The requested change has absolutely no possible impact on the interpretation of the analytical results and there is no possibility of the change being interpreted as misrepresentation by anyone inside or outside of our company.

**26.9.3 Multiple Reports**

TestAmerica does not issue multiple reports for the same workorder where there is different information on each report (this does not refer to copies of the same report) unless required to meet regulatory needs and approved by QA.

**Figure 26-1.**

**Read and Understand Memo for  
Electronic Reporting and Electronic Signatures Policy**

I have read and understand the TestAmerica Policy on Electronic Reporting and Electronic Signatures and agree to follow procedures stated in this document. Futhermore, I agree to maintain my password secure and confidential and will not divulge this password to anyone. I am aware that my electronic signature is as legally binding as that of my signature signed with a pen. I will not apply my signature until I have reviewed each page.

Employee: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Return this signed form to HR within 5 days for filing in your Personnel File*

**Figure 26-2.**

**AGREEMENT FOR ELECTRONIC REPORTS**

TestAmerica provides laboratory services and certified lab reports ("Reports") to the undersigned client ("Client"). Client desires to receive the Reports in both written hard copy and electronic format. Both TestAmerica and the Client desire to protect and preserve the integrity of the Reports.

TestAmerica agrees to provide Client with the Reports in both hard copy and electronic format. Client agrees to accept all responsibility for and indemnify and hold TestAmerica harmless from all claims or demands from third parties, including attorneys' fees and costs incurred by TestAmerica, due to alterations or deletions to the Reports by Client, or the use of incomplete Reports by Client.

Client agrees not to alter any Reports whether in the hard copy or electronic format and to use reasonable efforts to preserve the Reports in the form and substance originally provided by TestAmerica.

**Date:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_

Title/Position: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Company Name: TestAmerica Burlington

Received By: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please sign and FAX to 802-660-1919**

## Appendix 1.

# TESTAMERICA ETHICS POLICY No. CA-L-P-001

Refer to CA-L-P-001 for complete policy.

## **TestAmerica EMPLOYEE ETHICS STATEMENT**

*I understand that TestAmerica is committed to ensuring the highest standard of quality and integrity of the data and services provided to our clients. I have read the Ethics Policy of the Company.*

- *With regard to the duties I perform and the data I report in connection with my employment at the Company, I agree that:*
- *I will not intentionally report data values that are inconsistent with the actual values observed or measured.*
- *I will not intentionally report the dates, times, sample or QC identifications, or method citations of data analyses that are not the actual dates, times, sample or QC identifications, or method citations.*
- *I will not intentionally misrepresent another individual's work as my own or represent my own work as someone else's.*
- *I will not intentionally misrepresent any data where data does not meet Method or QC requirements. If it is to be reported, I will report it with all appropriate notes and/or qualifiers; I shall not modify data (either sample or QC data) unless the modification can be technically justified through a measurable analytical process, such as one deemed acceptable to the laboratory's Standard Operating Procedures, Quality Assurance Manual or Technical Director. All such modifications must be clearly and thoroughly documented in the appropriate laboratory notebooks/worksheets and/or raw data and include my initials or signature and date.*
- *I shall not make false statements to, or seek to otherwise deceive, members of Management or their representatives, agents, or clients/customers. I will not, through acts of commission, omission, erasure, or destruction, improperly report measurement standards, quality control data, test results or conclusions.*
- *I shall not compare or disclose results for any Performance Testing (PT) sample, or other similar QA or QC requirements, with any employee of any other laboratory, including any other TestAmerica laboratory, prior to the required submission date of the results to the person, organization, or entity supplying the PT sample.*
- *I shall immediately inform my supervisor or other member of management regarding any intentional or unintentional reporting of my own inauthentic data. Such report shall be given both orally and in writing to the supervisor or other member of management contacted and to the local Quality Assurance Manager. The Quality Assurance Manager will initial and date the information and return a copy to me. I shall not condone any accidental or intentional reporting of inauthentic data by other employees and will immediately report its occurrence. If I have actual knowledge of such acts committed by any other employees, and I do not report such information to designated members of Management, it shall be considered as serious as if I personally committed the offense. Accordingly, in that event, I understand that I may be subject to immediate termination of employment.*
- *I understand that if any supervisor, manager, or representative of TestAmerica management instructs, requests, or directs me to perform any of the aforementioned improper laboratory practices, or if I am in doubt or uncertain as to whether or not such laboratory practices are proper, I will not*

*comply. In fact, I must report such event to all appropriate members of Management including, but not limited to, the Lab Director, all supervisors and managers with direct line reporting relationship between me and the Lab Director, and the local Quality Assurance representative, excluding such individuals who participated in such perceived improper instruction, request, or directive. In addition, I may contact Corporate Quality Assurance / Ethics Compliance Officer(s) for assistance.*

- I understand the critical importance of accurately reporting data, measurements, and results, whether initially requested by a client, or retained by TestAmerica and submitted to a client at a later date, or retained by TestAmerica for subsequent internal use;*
- I will not share the pricing or cost data of Vendors or Suppliers with anyone outside of the TestAmerica family of companies.*
- I shall not accept gifts of a value that would adversely influence judgment.*
- I shall avoid conflicts of interest and report any potential conflicts to the management (e.g. employment or consulting with competitors, clients, or vendors).*
- I shall not participate in unfair competition practices (e.g. slandering competitors, collusion with other labs to restrict others from bidding on projects).*
- I shall not misrepresent certifications and status of certifications to clients or regulators.*
- I shall not intentionally discharge wastes illegally down the drain or onto the ground.*
- I understand that any attempt by management or an employee to circumvent these policies will be subject to disciplinary action.*

*As a TestAmerica employee, I understand that I have the responsibility to conduct myself with integrity in accordance with the ethical standards described in the Ethics Policy. I will also report any information relating to possible kickbacks or violations of the Procurement Integrity Act, or other questionable conduct in the course of sales or purchasing activities. I will not knowingly participate in any such activity and will report any actual or suspected violation of this policy to management.*

*I understand that if my job includes supervisory responsibilities, I shall not instruct, request, or direct any subordinate to perform any laboratory practice which is unethical or improper. Also, I shall not discourage, intimidate, or inhibit an employee who may choose to appropriately appeal my supervisory instruction, request, or directive which the employee perceives to be improper, nor retaliate against those who do.*

*The Ethics Policy has been explained to me by my supervisor or at a training session, and I have had the opportunity to ask questions if I did not understand any part of it. I understand that any violation of this policy subjects me to disciplinary action, which can include termination of my employment. In addition, I understand that any violation of this policy which relates to work under a government contract or subcontract could also subject me to the potential for prosecution under federal law.*

EMPLOYEE SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

Supervisor/Trainer: \_\_\_\_\_

Date \_\_\_\_\_

Work Instruction No. CA-WI-005

**TestAmerica**  
**CONFIDENTIALITY AND PROPRIETARY INFORMATION AGREEMENT**

TestAmerica and their predecessors, in their businesses, have developed and use commercially valuable technical and non-technical information and to guard the legitimate interests of TestAmerica and its clients, it is necessary to protect certain information as confidential and proprietary.

I, \_\_\_\_\_, understand and acknowledge that during the term of my employment by TestAmerica, I will be privy to and entrusted with certain confidential information and trade secrets of TestAmerica and its clients.

*Confidential information and trade secrets include, but are not limited to: customer and client lists; price lists; marketing and sales strategies and procedures; operational and equipment techniques; standard operating procedures; business plans and systems; quality control procedures and systems; special projects and technological research, including projects, research and reports for any government entity or client; client's plans and processes; client's manner of operation; the trade secrets of clients; client's data; vendor or supplier pricing; employee lists and personal information, and any other records, data, files, drawings, inventions, discoveries, applications, or processes which are not in the public domain.*

I agree as follows:

1. I will not in any way, during the term of my employment, or at any time thereafter, except as authorized in writing by the Legal Department of TestAmerica or the client where client data is involved, disclose to others, use for my own benefit, remove from TestAmerica's premises (except to the extent off-site work is approved by my supervisor), copy or make notes of any confidential information and/or trade secrets of TestAmerica or its clients, excepting only that information which may be public knowledge. Technical and business information of any previous employer or other third party which I may disclose to TestAmerica shall be limited to that which was acquired legitimately and disclosed to me without restriction as to secrecy.
2. I agree that all inventions (whether or not patentable) conceived or made by me during the period of my employment by TestAmerica shall belong to TestAmerica, provided such inventions grow out of my work for TestAmerica and are related to the business of TestAmerica. I agree to disclose and assign such inventions to TestAmerica. In California, this provision shall not apply to any invention which qualifies fully under Section 2870 of the California Labor Code.
3. On termination of my employment from TestAmerica, I will deliver to TestAmerica all documents, records, notes, data, memoranda, files, manuals, equipment and things of any nature which relate in any way to confidential information and/or trade secrets of TestAmerica or its clients and which are in my possession or under my control.
4. I agree that during the period of my employment and for one (1) year from and after the termination (for any reason) of my employment with TestAmerica, I shall not directly or indirectly (without first obtaining the written permission of TestAmerica), recruit for employment, or induce to terminate his or her employment with TestAmerica, any person who is an active employee of TestAmerica on the last day of my employment with TestAmerica.
5. I acknowledge that if I were to breach any provision of this Confidentiality Agreement, money damages will be inadequate, and I hereby agree that TestAmerica shall be entitled, where appropriate, to specific performance and/or injunctive relief (i.e. to require me to comply with this Agreement). I further acknowledge that the willingness of TestAmerica to hire me or to continue my employment constitutes full and adequate consideration for the agreements, and obligations to which I have agreed as set forth in this document.

I have executed this Agreement, intending to be legally bound.

\_\_\_\_\_  
Printed Name

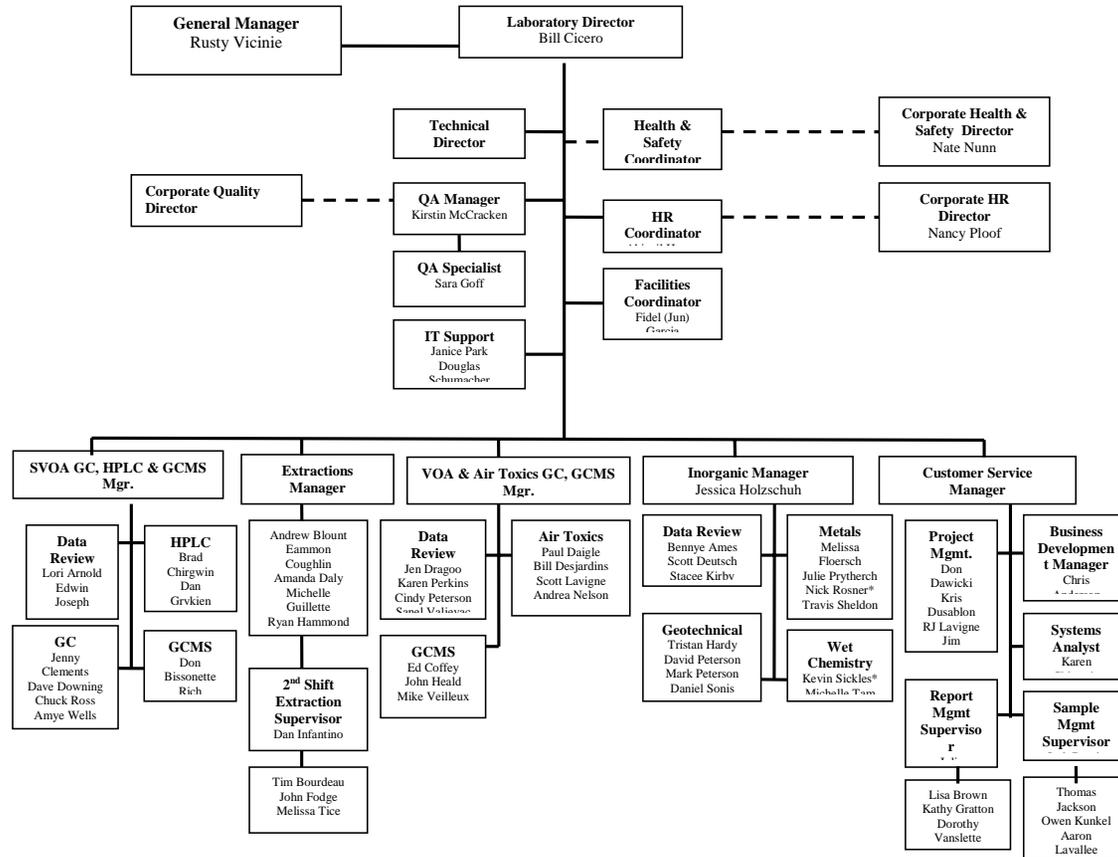
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Work Instruction No. CA-WI-006

Appendix 2.

**Example Laboratory Organization Chart**  
 (The most current chart can be obtained from the QA Manager or Lab Director/Manager)



\* denotes supervisor/coordinator of analytical work

January 9, 2008

Appendix 3.

Laboratory Floor Plan



## **Appendix 4. Glossary/Acronyms**

### **Glossary:**

#### Acceptance Criteria:

Specified limits placed on characteristics of an item, process, or service defined in requirement documents. (ASQC)

#### Accreditation:

The process by which an agency or organization evaluates and recognizes a laboratory as meeting certain predetermined qualifications or standards, thereby accrediting the laboratory. In the context of the National Environmental Laboratory Accreditation Program (NELAP), this process is a voluntary one. (NELAC)

#### Accrediting Authority:

The Territorial, State, or Federal Agency having responsibility and accountability for environmental laboratory accreditation and which grants accreditation (NELAC) [1.5.2.3]

#### Accuracy:

The degree of agreement between an observed value and an accepted reference value. Accuracy includes a combination of random error (precision) and systematic error (bias) components which are due to sampling and analytical operations; a data quality indicator. (QAMS)

#### Analyst:

The designated individual who performs the “hands-on” analytical methods and associated techniques and who is the one responsible for applying required laboratory practices and other pertinent quality controls to meet the required level of quality. (NELAC)

#### Assessment:

The evaluation process used to measure or establish the performance, effectiveness, and conformance of an organization and/or its systems to defined criteria (to the standards and requirements of NELAC). (NELAC)

#### Assessment Criteria:

The measures established by NELAC and applied in establishing the extent to which an applicant is in conformance with NELAC requirements. (NELAC)

#### Assessment Team:

The group of people authorized to perform the on-site inspection and proficiency testing data evaluation required to establish whether an applicant meets the criteria for NELAP accreditation. (NELAC)

#### Assessor:

One who performs on-site assessments of accrediting authorities and laboratories' capability and capacity for meeting NELAC requirements by examining the records and other physical evidence for each one of the tests for which accreditation has been requested. (NELAC)

#### Audit:

A systematic evaluation to determine the conformance to quantitative and qualitative specifications of some operational function or activity. (EPA-QAD)

**Batch:**

Environmental samples which are prepared and/or analyzed together with the same process and personnel, using the same lot(s) of reagents. A preparation batch is composed of one to 20 environmental samples of the same matrix, meeting the above mentioned criteria and with a maximum time between the start of processing of the first and last sample in the batch to be 24 hours. An analytical batch is composed of prepared environmental samples (extracts, digestates or concentrates) and /or those samples not requiring preparation, which are analyzed together as a group using the same calibration curve or factor. An analytical batch can include samples originating from various environmental matrices and can exceed 20 samples. (NELAC Quality Systems Committee)

**Blank:**

A sample that has not been exposed to the analyzed sample stream in order to monitor contamination during sampling, transport, storage or analysis. The blank is subjected to the usual analytical and measurement process to establish a zero baseline or background value and is sometimes used to adjust or correct routine analytical results. (ASQC)

**Blind Sample:**

A sample for analysis with a composition known to the submitter. The analyst/laboratory may know the identity of the sample but not its composition. It is used to test the analyst's or laboratory's proficiency in the execution of the measurement process.

**Calibration:**

To determine, by measurement or comparison with a standard, the correct value of each scale reading on a meter, instrument, or other device. The levels of the applied calibration standard should bracket the range of planned or expected sample measurements. (NELAC)

**Calibration Curve:**

The graphical relationship between the known values, such as concentrations, of a series of calibration standards and their instrument response. (NELAC)

**Calibration Method:**

A defined technical procedure for performing a calibration. (NELAC)

**Calibration Standard:**

A substance or reference material used to calibrate an instrument (QAMS)

**Certified Reference Material (CRM):**

A reference material one or more of whose property values are certified by a technically valid procedure, accompanied by or traceable to a certificate or other documentation which is issued by a certifying body. (ISO Guide 30-2.2)

**Chain of Custody:**

An unbroken trail of accountability that ensures the physical security of samples and includes the signatures of all who handle the samples. (NELAC) [5.12.4]

**Clean Air Act:**

The enabling legislation in 42 U.S.C. 7401 et seq., Public Law 91-604, 84 Stat. 1676 Pub. L. 95-95, 91 Stat., 685 and Pub. L. 95-190, 91 Stat., 1399, as amended, empowering EPA to promulgate air quality standards, monitor and enforce them. (NELAC)

**Comprehensive Environmental Response, Compensation and Liability Act (CERCLA/SUPERFUND):**

The enabling legislation in 42 U.S.C. 9601-9675 et seq., as amended by the Superfund Amendments and Reauthorization Act of 1986 (SARA), 42 U.S.C. 9601 et seq., to eliminate the health and environmental threats posed by hazardous waste sites. (NELAC)

**Compromised Samples:**

Those samples which are improperly sampled, insufficiently documented (chain of custody and other sample records and/or labels), improperly preserved, collected in improper containers, or exceeding holding times when delivered to a laboratory. Under normal conditions, compromised samples are not analyzed. If emergency situation require analysis, the results must be appropriately qualified. (NELAC)

**Confidential Business Information (CBI):**

Information that an organization designates as having the potential of providing a competitor with inappropriate insight into its management, operation or products. NELAC and its representatives agree to safeguarding identified CBI and to maintain all information identified as such in full confidentiality.

**Confirmation:**

Verification of the identity of a component through the use of an approach with a different scientific principle from the original method. These may include, but are not limited to:

- Second column confirmation
- Alternate wavelength
- Derivatization
- Mass spectral interpretation
- Alternative detectors or
- Additional Cleanup procedures

(NELAC)

**Conformance:**

An affirmative indication or judgement that a product or service has met the requirements of the relevant specifications, contract, or regulation; also the state of meeting the requirements. (ANSI/ASQC E4-1994)

**Corrective Action:**

The action taken to eliminate the causes of an existing nonconformity, defect or other undesirable situation in order to prevent recurrence. (ISO 8402)

**Data Audit:**

A qualitative and quantitative evaluation of the documentation and procedures associated with environmental measurements to verify that the resulting data are of acceptable quality (i.e., that they meet specified acceptance criteria). (NELAC)

**Data Reduction:**

The process of transforming raw data by arithmetic or statistical calculations, standard curves, concentration factors, etc., and collation into a more useable form. (EPA-QAD)

**Deficiency:**

An unauthorized deviation from acceptable procedures or practices, or a defect in an item. (ASQC)

**Detection Limit:**

The lowest concentration or amount of the target analyte that can be identified, measured, and reported with confidence that the analyte concentration is not a false positive value. See Method Detection Limit. (NELAC)

**Document Control:**

The act of ensuring that documents (and revisions thereto) are proposed, reviewed for accuracy, approved for release by authorized personnel, distributed properly, and controlled to ensure use of the correct version at the location where the prescribed activity is performed. (ASQC)

**Duplicate Analyses:**

The analyses or measurements of the variable of interest performed identically on two subsamples of the same sample. The results from duplicate analyses are used to evaluate analytical or measurement precision but not the precision of sampling, preservation or storage internal to the laboratory. (EPA-QAD)

**Environmental Detection Limit (EDL):**

The smallest level at which a radionuclide in an environmental medium can be unambiguously distinguished for a given confidence interval using a particular combination of sampling and measurement procedures, sample size, analytical detection limit, and processing procedure. The EDL shall be specified for the 0.95 or greater confidence interval. The EDL shall be established initially and verified annually for each test method and sample matrix. (NELAC Radioanalysis Subcommittee)

**Equipment Blank:**

Sample of analyte-free media which has been used to rinse common sampling equipment to check effectiveness of decontamination procedures. (NELAC)

**External Standard Calibration:**

Calibrations for methods that do not utilize internal standards to compensate for changes in instrument conditions.

**Federal Insecticide, Fungicide and Rodenticide Act (FIFRA):**

The enabling legislation under 7 U.S.C. 135 et seq., as amended, that empowers the EPA to register insecticides, fungicides, and rodenticides. (NELAC)

**Federal Water Pollution Control Act (Clean Water Act, CWA):**

The enabling legislation under 33 U.S.C. 1251 et seq., Public Law 92-50086 Stat 816, that empowers EPA to set discharge limitations, write discharge permits, monitor, and bring enforcement action for non-compliance. (NELAC)

**Field Blank:**

Blank prepared in the field by filling a clean container with pure de-ionized water and appropriate preservative, if any, for the specific sampling activity being undertaken (EPA OSWER)

**Field of Testing:**

NELAC's approach to accrediting laboratories by program, method and analyte. Laboratories requesting accreditation for a program-method-analyte combination or for an up-dated/improved method are required to submit to only that portion of the accreditation process not previously addressed (see NELAC, section 1.9ff). (NELAC)

**Finding:**

An assessment conclusion that identifies a condition having a significant effect on an item or activity. An assessment finding is normally a deficiency and is normally accompanied by specific examples of the observed condition. (NELAC)

**Holding Times (Maximum Allowable Holding Times):**

The maximum times that samples may be held prior to analyses and still be considered valid or not compromised. (40 CFR Part 136)

**Inspection:**

An activity such as measuring, examining, testing, or gauging one or more characteristics of an entity and comparing the results with specified requirements in order to establish whether conformance is achieved for each characteristic. (ANSI/ASQC E4-1994)

**Internal Standard:**

A known amount of standard added to a test portion of a sample and carried through the entire measurement process as a reference for evaluating and controlling the precision and bias of the applied analytical test method. (NELAC)

**Internal Standard Calibration:**

Calibrations for methods that utilize internal standards to compensate for changes in instrument conditions.

**Instrument Blank:**

A clean sample (e.g., distilled water) processed through the instrumental steps of the measurement process; used to determine instrument contamination. (EPA-QAD)

**Instrument Response:**

Instrument response is normally expressed as either peak area or peak height however it may also reflect a numerical representation of some type of count on a detector (e.g. Photomultiplier tube, or Diode array detector) and is used in this document to represent all types.

**Laboratory:**

A defined facility performing environmental analyses in a controlled and scientific manner. (NELAC)

**Laboratory Control Sample (however named, such as laboratory fortified blank, spiked blank, or QC check sample):**

A sample matrix, free from the analytes of interest, spiked with verified known amounts of analytes or a material containing known and verified amounts of analytes, taken through all preparation and analysis steps. Where there is no preparation taken for an analysis (such as in

aqueous volatiles), or when all samples and standards undergo the same preparation and analysis process (such as Phosphorus), there is no LCS. It is generally used to establish intra-laboratory or analyst specific precision and bias or to assess the performance of all or a portion of the measurement system.

An LCS shall be prepared at a minimum of 1 per batch of 20 or less samples per matrix type per sample extraction or preparation method except for analytes for which spiking solutions are not available such as total suspended solids, total dissolved solids, total volatile solids, total solids, pH, color, odor, temperature, dissolved oxygen or turbidity. The results of these samples shall be used to determine batch acceptance.

Note: NELAC standards allow a matrix spike to be used in place of this control as long as the acceptance criteria are as stringent as for the LCS. (NELAC)

Laboratory Duplicate:

Aliquots of a sample taken from the same container under laboratory conditions and processed and analyzed independently. (NELAC)

Least Squares Regression (1<sup>st</sup> Order Curve):

The least squares regression is a mathematical calculation of a straight line over two axes. The y axis represents the instrument response (or Response ratio) of a standard or sample and the x axis represents the concentration. The regression calculation will generate a correlation coefficient (r) that is a measure of the "goodness of fit" of the regression line to the data. A value of 1.00 indicates a perfect fit. In order to be used for quantitative purposes, r must be greater than or equal to 0.99 for organics and 0.995 for inorganics.

Limit of Detection (LOD):

An estimate of the minimum amount of a substance that an analytical process can reliably detect. An LOD is analyte- and matrix-specific and may be laboratory dependent. (Analytical Chemistry, 55, p.2217, December 1983, modified) See also Method Detection Limit.

Manager (however named):

The individual designed as being responsible for the overall operation, all personnel, and the physical plant of the environmental laboratory. A supervisor may report to the manager. In some cases, the supervisor and the manager may be the same individual. (NELAC)

Matrix:

The component or substrate that contains the analyte of interest. For purposes of batch and QC requirement determinations, the following matrix distinctions shall be used:

Aqueous: Any aqueous sample excluded from the definition of Drinking Water matrix or Saline/Estuarine source. Includes surface water, groundwater, effluents, and TCLP or other extracts.

Drinking Water: any aqueous sample that has been designated as a potable or potential potable water source.

Saline/Estuarine: any aqueous sample from an ocean or estuary, or other salt water source such as the Great Salt Lake.

Non-aqueous Liquid: any organic liquid with <15% settleable solids.

**Biological Tissue:** any sample of a biological origin such as fish tissue, shellfish, or plant material. Such samples shall be grouped according to origin.

**Solids:** includes soils, sediments, sludges, and other matrices with >15% settleable solids.

**Chemical Waste:** a product or by-product of an industrial process that results in a matrix not previously defined.

**Air:** whole gas or vapor samples including those contained in flexible or rigid wall containers and the extracted concentrated analytes of interest from a gas or vapor that are collected with a sorbant tube, impinger solution, filter, or other device. (NELAC)

**Matrix Spike (spiked sample or fortified sample):**

Prepared by adding a known mass of target analyte to a specified amount of matrix sample for which an independent estimate of target analyte concentration is available. Matrix spikes are used, for example, to determine the effect of the matrix on a method's recovery efficiency.

Matrix spikes shall be performed at a frequency of one in 20 samples per matrix type per sample extraction or preparation method except for analytes for which spiking solutions are not available such as, total suspended solids, total dissolved solids, total volatile solids, total solids, pH, color, odor, temperature, dissolved oxygen or turbidity. The selected sample(s) shall be rotated among client samples so that various matrix problems may be noted and/or addressed. Poor performance in a matrix spike may indicate a problem with the sample composition and shall be reported to the client whose sample was used for the spike. (QAMS)

**Matrix Spike Duplicate (spiked sample or fortified sample duplicate):**

A second replicate matrix spike is prepared in the laboratory and analyzed to obtain a measure of the precision of the recovery for each analyte.

Matrix spike duplicates or laboratory duplicates shall be analyzed at a minimum of 1 in 20 samples per matrix type per sample extraction or preparation method. The laboratory shall document their procedure to select the use of an appropriate type of duplicate. The selected sample(s) shall be rotated among client samples so that various matrix problems may be noted and/or addressed. Poor performance in the duplicates may indicate a problem with the sample composition and shall be reported to the client whose sample was used for the duplicate. (QAMS)

**Method Blank:**

A sample of a matrix similar to the batch of associated samples (when available) that is free from the analytes of interest and is processed simultaneously with and under the same conditions as samples through all steps of the analytical procedures, and in which no target analytes or interferences are present at concentrations that impact the analytical results for sample analyses. (NELAC)

**Method Detection Limit:**

The minimum concentration of a substance (an analyte) that can be measured and reported with 99% confidence that the analyte concentration is greater than zero and is determined from analysis of a sample in a given matrix containing the analyte. (40 CFR Part 136, Appendix B)

**National Environmental Laboratory Accreditation Conference (NELAC):**

A voluntary organization of State and Federal environmental officials and interest groups purposed primarily to establish mutually acceptable standards for accrediting environmental laboratories. A subset of NELAP. (NELAC)

**National Environmental Laboratory Accreditation Program (NELAP):**

The overall National Environmental Laboratory Accreditation Program of which NELAC is a part. (NELAC)

**Negative Control:**

Measures taken to ensure that a test, its components, or the environment do not cause undesired effects, or produce incorrect test results. (NELAC)

**NELAC Standards:**

The plan of procedures for consistently evaluating and documenting the ability of laboratories performing environmental measurements to meet nationally defined standards established by the National Environmental Laboratory Accreditation Conference. (NELAC)

**Performance Audit:**

The routine comparison of independently obtained qualitative and quantitative measurement system data with routinely obtained data in order to evaluate the proficiency of an analyst or laboratory. (NELAC)

**Performance Based Measurement System (PBMS):**

A set of processes wherein the data quality needs, mandates or limitations of a program or project are specified and serve as criteria for selecting appropriate test methods to meet those needs in a cost-effective manner. (NELAC)

**Positive Control:**

Measures taken to ensure that a test and/or its components are working properly and producing correct or expected results from positive test subjects. (NELAC)

**Precision:**

The degree to which a set of observations or measurements of the same property, obtained under similar conditions, conform to themselves; a data quality indicator. Precision is usually expressed as standard deviation, variance or range, in either absolute or relative terms. (NELAC)

**Preservation:**

Refrigeration and/or reagents added at the time of sample collection (or later) to maintain the chemical and/or biological integrity of the sample. (NELAC)

**Proficiency Testing:**

A means of evaluating a laboratory's performance under controlled conditions relative to a given set of criteria through analysis of unknown samples provided by an external source. (NELAC)  
[2.1]

**Proficiency Testing Program:**

The aggregate of providing rigorously controlled and standardized environmental samples to a laboratory for analysis, reporting of results, statistical evaluation of the results and the collective demographics and results summary of all participating laboratories. (NELAC)

**Proficiency Test Sample (PT):**

A sample, the composition of which is unknown to the analyst and is provided to test whether the analyst/laboratory can produce analytical results within specified acceptance criteria. (QAMS)

**Quality Assurance:**

An integrated system of activities involving planning, quality control, quality assessment, reporting and quality improvement to ensure that a product or service meets defined standards of quality with a stated level of confidence. (QAMS)

**Quality Assurance [Project] Plan (QAPP):**

A formal document describing the detailed quality control procedures by which the quality requirements defined for the data and decisions pertaining to a specific project are to be achieved. (EAP-QAD)

**Quality Control:**

The overall system of technical activities which purpose is to measure and control the quality of a product or service so that it meets the needs of users. (QAMS)

**Quality Control Sample:**

An uncontaminated sample matrix spiked with known amounts of analytes from a source independent from the calibration standards. It is generally used to establish intra-laboratory or analyst specific precision and bias or to assess the performance of all or a portion of the measurement system. (EPA-QAD)

**Quality Manual:**

A document stating the management policies, objectives, principles, organizational structure and authority, responsibilities, accountability, and implementation of an agency, organization, or laboratory, to ensure the quality of its product and the utility of its product to its users. (NELAC)

**Quality System:**

A structured and documented management system describing the policies, objectives, principles, organizational authority, responsibilities, accountability, and implementation plan of an organization for ensuring quality in its work processes, products (items), and services. The quality system provides the framework for planning, implementing, and assessing work performed by the organization and for carrying out required QA and QC (ANSI/ASQC-E-41994)

**Quantitation Limits:**

The maximum or minimum levels, concentrations, or quantities of a target variable (e.g., target analyte) that can be quantified with the confidence level required by the data user. (NELAC)

**Range:**

The difference between the minimum and the maximum of a set of values. (EPA-QAD)

**Reagent Blank (method reagent blank):**

A sample consisting of reagent(s), without the target analyte or sample matrix, introduced into the analytical procedure at the appropriate point and carried through all subsequent steps to determine the contribution of the reagents and of the involved analytical steps. (QAMS)

**Reference Material:**

A material or substance one or more properties of which are sufficiently well established to be used for the calibration of an apparatus, the assessment of a measurement method, or for assigning values to materials. (ISO Guide 30-2.1)

**Reference Method:**

A method of known and documented accuracy and precision issued by an organization recognized as competent to do so. (NELAC)

**Reference Standard:**

A standard, generally of the highest metrological quality available at a given location, from which measurements made at that location are derived. (VIM-6.0-8)

**Replicate Analyses:**

The measurements of the variable of interest performed identically on two or more sub-samples of the same sample within a short time interval. (NELAC)

**Requirement:**

Denotes a mandatory specification; often designated by the term "shall". (NELAC)

**Resource Conservation and Recovery Act (RCRA):**

The enabling legislation under 42 USC 321 et seq. (1976), that gives EPA the authority to control hazardous waste from the "cradle-to-grave", including its generation, transportation, treatment, storage, and disposal. (NELAC)

**Safe Drinking Water Act (SDWA):**

The enabling legislation, 42 USC 300f et seq. (1974), (Public Law 93-523), that requires the EPA to protect the quality of drinking water in the U.S. by setting maximum allowable contaminant levels, monitoring, and enforcing violations. (NELAC)

**Sample Duplicate:**

Two samples taken from and representative of the same population and carried through all steps of the sampling and analytical procedures in an identical manner. Duplicate samples are used to assess variance of the total method including sampling and analysis. (EPA-QAD)

**Second Order Polynomial Curve (Quadratic):** The 2<sup>nd</sup> order curves are a mathematical calculation of a slightly curved line over two axis. The y axis represents the instrument response (or Response ratio) of a standard or sample and the x axis represents the concentration. The 2<sup>nd</sup> order regression will generate a coefficient of determination (COD or  $r^2$ ) that is a measure of the "goodness of fit" of the quadratic curvature the data. A value of 1.00 indicates a perfect fit. In order to be used for quantitative purposes,  $r^2$  must be greater than or equal to 0.99.

**Selectivity:**

(Analytical chemistry) the capability of a test method or instrument to respond to a target substance of constituent in the presence of non-target substances. (EPA-QAD)

**Sensitivity:**

The capability of a method or instrument to discriminate between measurement responses representing different levels (e.g., concentrations) of a variable of interest. (NELAC)

**Spike:**

A known mass of target analyte added to a blank, sample or sub-sample; used to determine recovery efficiency or for other quality control purposes.

If the mandated or requested test method does not specify the spiking components, the laboratory shall spike all reportable components to be reported in the Laboratory Control Sample and Matrix Spike. However, in cases where the components interfere with accurate assessment (such as simultaneously spiking chlordane, toxaphene and PCBs in Method 608), the test method has an extremely long list of components or components are incompatible, a representative number (at a minimum 10%) of the listed components may be used to control the test method. The selected components of each spiking mix shall represent all chemistries, elution patterns and masses permit specified analytes and other client requested components. However, the laboratory shall ensure that all reported components are used in the spike mixture within a two-year time period.. (NELAC)

**Standard:**

The document describing the elements of laboratory accreditation that has been developed and established within the consensus principles of NELAC and meets the approval requirements of NELAC procedures and policies. (ASQC)

**Standard Operating Procedures (SOPs):**

A written document which details the method of an operation, analysis, or action whose techniques and procedures are thoroughly prescribed and which is accepted as the method for performing certain routine or repetitive tasks. (QAMS)

**Standardized Reference Material (SRM):**

A certified reference material produced by the U.S. National Institute of Standards and Technology or other equivalent organization and characterized for absolute content, independent of analytical method. (EPA-QAD)

**Supervisor (however named):**

The individual(s) designated as being responsible for a particular area or category of scientific analysis. This responsibility includes direct day-to-day supervision of technical employees, supply and instrument adequacy and upkeep, quality assurance/quality control duties, and ascertaining that technical employees have the required balance of education, training and experience to perform the required analyses. (NELAC)

**Surrogate:**

A substance with properties that mimic the analyte of interest. It is unlikely to be found in environment samples and is added to them for quality control purposes.

Surrogate compounds must be added to all samples, standards, and blanks, for all organic chromatography methods except when the matrix precludes its use or when a surrogate is not available. Poor surrogate recovery may indicate a problem with sample composition and shall be reported to the client whose sample produced poor recovery. (QAMS)

**Systems Audit (also Technical Systems Audit):**

A thorough, systematic, qualitative on-site assessment of the facilities, equipment, personnel, training, procedures, record keeping, data validation, data management, and reporting aspects of a total measurement system. (EPA-QAD)

**Technical Director:**

Individuals(s) who has overall responsibility for the technical operation of the environmental testing laboratory. (NELAC)

**Test:**

A technical operation that consists of the determination of one or more characteristics or performance of a given product, material, equipment, organism, physical phenomenon, process, or service according to a specified procedure. The result of a test is normally recorded in a document sometimes called a test report or a test certificate. (ISO/IEC Guide 2-12.1, amended)

**Test Method:**

An adoption of a scientific technique for a specific measurement problem, as documented in a laboratory SOP. (NELAC)

**Toxic Substances Control Act (TSCA):**

The enabling legislation in 15 USC 2601 et seq., (1976) that provides for testing, regulating, and screening all chemicals produced or imported into the United States for possible toxic effects prior to commercial manufacture. (NELAC)

**Traceability:**

The property of a result of a measurement whereby it can be related to appropriate standards, generally international or national standards, through an unbroken chain of comparisons. (VIM-6.12)

**Uncertainty:**

A parameter associated with the result of a measurement that characterizes the dispersion of the value that could reasonably be attributed to the measured value.

**United States Environmental Protection Agency (EPA):**

The Federal governmental agency with responsibility for protecting public health and safeguarding and improving the natural environment (i.e., the air, water, and land) upon which human life depends. (US-EPA)

**Validation:**

The process of substantiating specified performance criteria. (EPA-QAD)

**Verification:**

Confirmation by examination and provision of evidence that specified requirements have been met. (NELAC)

**NOTE:** In connection with the management of measuring equipment, verification provides a means for checking that the deviations between values indicated by a measuring instrument and corresponding known values of a measured quantity are consistently smaller than the maximum allowable error defined in a standard, regulation or specification peculiar to the management of the measuring equipment.

The result of verification leads to a decision either to restore in service, to perform adjustment, to repair, to downgrade, or to declare obsolete. In all cases, it is required that a written trace of the verification performed shall be kept on the measuring instrument's individual record.

**Work Cell:**

A well-defined group of analysts that together perform the method analysis. The members of the group and their specific functions within the work cell must be fully documented. (NELAC)

**Acronyms:**

BS – Blank Spike  
BSD – Blank Spike Duplicate  
CAR – Corrective Action Report  
CCV – Continuing Calibration Verification  
CF – Calibration Factor  
CFR – Code of Federal Regulations  
COC – Chain of Custody  
CRS – Change Request Form  
DOC – Demonstration of Capability  
DQO – Data Quality Objectives  
DU – Duplicate  
DUP - Duplicate  
EHS – Environment, Health and Safety  
EPA – Environmental Protection Agency  
GC - Gas Chromatography  
GC/MS - Gas Chromatography/Mass Spectrometry  
HPLC - High Performance Liquid Chromatography  
ICP - Inductively Coupled Plasma Atomic Emission Spectroscopy  
ICV – Initial Calibration Verification  
IDL – Instrument Detection Limit  
IH – Industrial Hygiene  
IS – Internal Standard  
LCS – Laboratory Control Sample  
LCSD – Laboratory Control Sample Duplicate  
LIMS – Laboratory Information Management System  
MDL – Method Detection Limit  
MS – Matrix Spike  
MSD – Matrix Spike Duplicate  
MSDS - Material Safety Data Sheet  
NELAC - National Environmental Laboratory Accreditation Conference  
NELAP - National Environmental Laboratory Accreditation Program  
PT – Performance Testing  
QAM – Quality Assurance Manual  
QA/QC – Quality Assurance / Quality Control  
QAPP – Quality Assurance Project Plan  
RF – Response Factor  
RPD – Relative Percent Difference  
RSD – Relative Standard Deviation  
SD – Standard Deviation  
SOP: Standard Operating Procedure  
TAT – Turn-Around-Time  
VOA – Volatiles  
VOC – Volatile Organic Compound

## Appendix 5.

### Laboratory Certifications, Accreditations, Validations

TestAmerica Burlington maintains certifications, accreditations, certifications, and validations with numerous state and national entities. Programs vary but may include on-site audits, reciprocal agreements with another entity, performance testing evaluations, review of the QA Manual, Standard Operating Procedures, Method Detection Limits, training records, etc. At the time of this QA Manual revision, the laboratory has accreditation/certification/licensing with the following organizations:

Organization	Certificate Number
Connecticut	PH-0751
Delaware	DNREC
Florida	E87467
Maine	VT0008
Massachusetts	M-VT0008
NFESC	Approval Letter
New Hampshire	200606
New Jersey	VT972
New York	10391
Pennsylvania	68-00489
Rhode Island	LAO00298
USACE	Self Declaration
USDA	S-66352
Vermont	VT-4000

The certificates and parameter lists (which may differ) for each organization may be found on the corporate web site, the laboratory's public server, the laboratory's local server and in the QA department.

## Appendix 6. Data Qualifiers

### Organic

- U: Compound analyzed but not detected at a concentration above the reporting limit.
- J: Estimated value.
- N: Indicates presumptive evidence of a compound. This flag is used only for tentatively identified compounds (TICs) where the identification of a compound is based on a mass spectral library search.
- P: SW-846: The relative percent difference for detected concentrations between two GC columns is greater than 40%. Unless otherwise specified the higher of the two values is reported on the Form I.
- CLP SOW: Greater than 25% difference for detected concentrations between two GC columns. Unless otherwise specified the lower of the two values is reported on the Form I.
- C: Pesticide result whose identification has been confirmed by GC/MS.
- B: Analyte is found in the sample and the associated method blank. The flag is used for tentatively identified compounds as well as positively identified compounds.
- E: Compounds whose concentrations exceed the upper limit of the calibration range of the instrument for that specific analysis.
- D: Concentrations identified from analysis of the sample at a secondary dilution.
- A: Tentatively identified compound is a suspected aldol condensation product.
- X,Y,Z: Laboratory defined flags that may be used alone or combined, as needed. If used, the description of the flag is defined in the project narrative.

### Inorganic/Metals

- E: Reported value is estimated due to the presence of interference.
- N: Matrix spike sample recovery is not within control limits.
- \* Duplicate sample analysis is not within control limits.
- B: The result reported is less than the reporting limit but greater than the instrument detection limit.
- U: Analyte was analyzed for but not detected above the reporting limit.

#### Method Codes:

- P ICP-AES  
MS ICP-MS  
CV Cold Vapor AA  
AS Semi-Automated Spectrophotometric