IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: _____
Inspector: _____
Date: 4/1/2023

Laboratory Excellence Award Inspection Guide

This lab has been inspected by the following inspectors.
(Inspections are only listed for at least the last 3 years.)

Inspector	Year

Review each section and answer the questions according to the scoring key. Each section will automatically calculate the score for that section.

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

The section below could be used to make any additional notes that might be useful to the inspector for the following year.

IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: 0
Inspector: 0
Date: 4/1/2023

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

Section A: QA/QC

Question	Score	Comments
1. All samples are uniquely identified (sample name/number, date and time) on the bench sheet and laboratory generated reports.		
2. Laboratory bench sheets clearly present results and other relevant information. (Sample date & time, location, analyst, units, analysis date & time, method, and any dilutions made).		
3. Samples requiring preservation are preserved correctly and the preservation is documented in a permanent record (on a bench sheet or in a log book) with the date and time of preservation along with who preserved the sample. Preservation procedures are referenced in method SOP's.		
4. Chain of custody protocol is followed for both in-house and Contract Laboratory sampling events. An SOP exists that describes custody procedures.		
5. An SOP exists for the review of QC records and there is documentation that this review is done often enough to prevent ongoing QC problems.		
6. QC entries on bench sheets (Blanks, Duplicates, Spikes, Reference Standards, etc.) are present and clearly labeled for each analysis performed.		
7. Data entries are permanent and corrections are dated and initialed with a single line through the original result.		
8. Control charts for blanks, duplicates, spikes, standards, etc. are maintained, current and reviewed with upper and lower control and warning limits calculated and graphed using approved methodology.		
9. Control limits are always available to the laboratory personnel.		
10. Routine samples whose physical characteristics and/or analytical results are atypical are documented on the bench sheet for future reference. Any procedural changes made to obtain accurate results are also documented.		
11. Corrective action is documented for QC samples exceeding control limits. This includes blanks, spikes, duplicates, reference standards, check standards, etc.		
12. If the lab contracts out any NPDES permitted analytes, a copy of the contract laboratory's QA Manual and Method Detection Limits for those analytes is on file.		
13. All bench sheets, calibrations, QC records, and reports are secured and retained for a minimum of three years.		

Score for this section: 0%

Your Points: _____
Total Points 52

Comments:

IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: 0
Inspector: 0
Date: 4/1/2023

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

Section B: Lab Facility

Question	Score	Comments
1. All temperature-measuring equipment is NIST traceable or is annually compared, with documentation, to an NIST traceable thermometer that has been certified within the past five years. All temperature measuring equipment is tagged with correction(s) needed.		
2. All thermometers/ATC probes used for temperature readings are present with the bulb properly immersed in the correct medium in all applicable laboratory refrigerators, ovens, and incubators.		
3. The laboratory is clean, well-organized, and has adequate work space.		
4. The laboratory has a source of distilled water and/or deionized water for analytical testing. An SOP is on file documenting the routine testing performed to insure quality. Records are maintained for purchased water and/or maintenance of in-house system.		
5. Documentation is present that lab-grade water is tested for heavy metals, including Cadmium, Chromium, Copper, Lead, Nickel, and Zinc on an annual basis, not exceeded by 22nd Ed. (2011) 90 20B Table 2 for limits.		
6. Documentation shows that lab-grade water is maintained at a resistivity of ≥1 megohms-cm or a conductivity of <1 µmho/cm. Measurement is recorded daily or per lot if purchased.		
7. Analytical balances are capable of weighing to 0.1 mg.		
8. Records indicate calibration checks for analytical and pan balances are performed monthly with a certified external weight.		
9. Balances are professionally serviced and calibrated annually.		
10. Laboratory equipment operating manuals are organized and readily accessible to laboratory personnel.		
11. Class A volumetric glassware is used to prepare all standards and reagents.		
12. Pipet tips are not chipped or enlarged.		
13. A monthly calibration check of Eppendorf type pipets following an approved documented procedure is performed.		
14. Instrument maintenance logs are available and current.		

Score for this section: 0%

Your Points: 0
Total Points 56

Comments:

IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: 0
Inspector: 0
Date: 4/1/2023

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

Section C: General Lab

Question	Score	Comments
1. Laboratory library contains latest approved reference documents for analyses performed as outlined in 40 CFR, part 136 or as referenced in the facility's current NPDES permit.		
2. A written safety procedure/program is available in the laboratory, including a Chemical Hygiene Plan.		
3. A Personal Protective Equipment Assessment has been done and documentation is on file that all laboratory personnel have been trained in the proper use of PPE required for their work area.		
4. Safety Data Sheets are available in SDS format as per the OSHA Hazard Communication Standard, 29 CFR 1910.1200. Laboratory personnel have access to SDSs at all times.		
5. The following safety equipment is located within the confines of the laboratory: fire extinguisher, eye wash, safety shower, spill control materials, broken glassware container and PPE.		
6. Required safety inspections are performed monthly and recorded. (Fire extinguishers, exit signs, eye washes, showers, etc.).		
7. Periodic safety training relating to laboratory job functions is documented.		
8. Emergency phone numbers are posted in the laboratory.		
9. Documentation is on file that all personnel responsible for laboratory analysis have demonstrated the capability to produce acceptable results.		
10. A general and method specific laboratory training SOP is on file.		
11. Fume hoods are checked professionally yearly or by in-house checks quarterly for acceptable LFM (60-120 lfm per OSHA 1910.1450).		
12. Preparation of laboratory reagents, solutions and standards is documented. Labeling is sufficient to allow the traceability of lot numbers used for preparation, date prepared, expiration date and who prepared them.		
13. Purchased chemicals are reagent grade and stored by hazard type. Purchase records including lot numbers and quantity purchased are available for past three years.		
14. An SOP is available for the disposal of non-hazardous and hazardous wastes and their containers.		

Score for this section: 0%

Your Points: 0
Total Points 56

Comments:

IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: 0
Inspector: 0
Date: 4/1/2023

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

Section D: Analytes - BOD

Question	Score	Comments
1. A Standard Operating Procedure is written, up to date and reviewed annually for this procedure.		
2. A series of reagent/method blank is performed with each analytical run.		
3. Duplicate analyses are performed on 10% of samples processed or at least one per analytical run and results fall within established control limits.		
4. Certified Reference Standards are analyzed quarterly and results fall within the 95% confidence limit and/or split samples are analyzed quarterly and results fall within 20% RPD.		
5. Glucose-glutamic acid is used to check the quality of each batch of dilution water used for analysis. Control limits for GGA have been calculated and based on a minimum of 25 analyses.		
6. If a BOD bottle contains more than 67% sample, then the nutrient, mineral, and buffer reagents are added to the sample dilution at a rate of 1mL/L (0.3mL/300ml bottle) to support biological activity. Alternatively, a commercially prepared solution designed to dose the appropriate bottle size is used.		
7. Dissolved Oxygen probe calibration records are kept in a permanent record for each day analysis is performed.		
8. Incubator is maintained at 20+/- 1 degree C.		
9. The holding times for BOD samples do not exceed the recommended time as stated in 40 CFR Part 136 (48 hrs.).		
10. Samples are warmed to 20 degrees C prior to analysis or pH correction. Temperature is recorded and samples have not been un-refrigerated for > 2 hrs.		
11. Disinfected samples are seeded and the final concentration is adjusted based on a series of seed controls where the seed control with the highest volume of seed added has at least a 50% DO depletion. The DO loss (seed correction) attributed to the seed added to the actual samples should fall in the range of 0.6 to 1.0 mg/L.		
12. Documentation exists that samples that could contain chlorine have been checked and those showing chlorine have had it removed using acceptable methodology referenced in the SOP.		
13. Initial DO readings on all samples should fall between 7.0 and 9.0 mg/L and results are only calculated on those samples having a DO depletion of at least 2.0 mg/L and DO residual of ≥ 1.0 mg/L.		
14. The majority of reagent blanks do not exceed 0.2 mg/L dissolved oxygen depletion.		
15. BOD samples being incubated are water sealed and contain no air bubbles.		

Score for this section: 0%

Your Points: 0
Total Points 60

Comments:

IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: 0
Inspector: 0
Date: 4/1/2023

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

Section D: Analytes - Ammonia – Selective Electrode Method

Question	Score	Comments
1. A Standard Operating Procedure is written, up to date and reviewed annually for this procedure.		
2. Duplicate analyses are performed on 10% of samples processed or with each analytical run, whichever is greater and results fall within established control limits.		
3. Ammonia probe calibration records are kept in a permanent record.		
4. Ammonia probe electrode slope is recorded prior to each analytical run. Corrective action is taken when the slope is outside of the acceptable range according to manufacturer recommendations (typically 57±3%).		
5. A calibration curve, using at least 3 standards, is established for each analytical batch unless samples are analyzed by known addition.		
6. A laboratory reagent blank is analyzed with each sample batch and the result is < MDL, within established control limits, or < the lab's reporting limit.		
7. Documentation shows that samples and standards are analyzed at the same temperature or noted in the SOP.		
8. Spiked sample analyses are performed on 10% of samples processed or with each analytical run, whichever is greater and results fall within established control limits.		
9. A second source (different lot #) calibration check standard is analyzed with each sample batch and corrective action is taken when results exceed control limits.		
10. All sample dilutions are documented and sample results are bracketed by the range of the calibration standards unless analyzed by known addition.		
11. A Method Detection Limit (MDL) study has been performed in accordance with the most recently EPA approved MDL Procedure as outlined in 40 CFR Part 136.		
12. Certified Reference Standards are analyzed quarterly and results fall within the 95% confidence limits and/or split samples are analyzed quarterly and results fall within 20% RPD.		

Score for this section: 0%

Your Points: 0
Total Points 48

Comments:

IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: 0
Inspector: 0
Date: 4/1/2023

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

Section D: Analytes - Ammonia – HACH TNT/ TNTplus Method

Question	Score	Comments
1. A Standard Operating Procedure is written, up to date and reviewed annually for this procedure.		
2. Duplicate analyses (for each range of vials used) are performed on 10% of samples processed or with each analytical run, whichever is greater and results fall within established control limits.		
3. A laboratory reagent blank is analyzed (for each range of vials used) with each sample batch and the result is < MDL, within established control limits, < the lab's reporting limit or below Hach's established range(s).		
4. Spectrophotometer maintenance records are available and the spec is updated/calibrated as needed, or as dictated by Hach updates.		
5. Reagents and standards do not exceed their expiration dates.		
6. Samples are analyzed using the correct TNTplus range. If necessary, dilutions are made to get samples within the acceptable range. Sample dilutions and Hach TNTplus reagent range(s) used for analysis are documented.		
7. Spiked sample analyses (for each range of vials used) are performed on 10% of samples processed or with each analytical run, whichever is greater, and results fall within established control limits.		
8. Certified Reference Standards are analyzed quarterly and results fall within the 95% confidence limits and/or split samples are analyzed quarterly and results fall within 20% RPD.		
9. A Method Detection Limit (MDL) study has been performed in accordance with the most recently EPA approved MDL Procedure as outlined in 40 CFR Part 136.		
10. A calibration check standard (for each range of vials used) is analyzed with each sample batch and corrective action is taken when results exceed control limits.		
11. Documentation is present that Ammonia-N samples preserved with Sulfuric acid to pH <2 SU and stored at ≤6°C for ≤28days prior to analysis, are brought to room temperature and have the pH adjusted to between 4 and 8 SU with 5N Sodium hydroxide.		
12. A sample blank (for each range of vials used) is analyzed with each sample batch and any positive result is subtracted from the sample result to compensate for turbidity.		
13. Documentation shows that samples and standards are analyzed at the same temperature as noted in the SOP.		

Score for this section: 0%

Your Points: 0
Total Points 52

Comments:

IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: 0
Inspector: 0
Date: 4/1/2023

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

Section D: Analytes - pH

Question	Score	Comments
1. A Standard Operating Procedure is written, up to date and reviewed annually for this procedure.		
2. Documentation is present showing the pH meter is calibrated prior to daily use.		
3. The pH slope is recorded with the calibration data and the slope falls within the recommended range according to manufacturer specifications (typically 100 ± 5%).		
4. Calibration buffers bracket the pH readings of all types of samples being analyzed.		
5. pH buffers used for calibration are stored in tight containers and replenished from stock pH buffers daily.		
6. An automatic temperature compensating (ATC) and/or manual temperature adjustment is employed during pH measurements.		
7. Sample temperature and analysis time are recorded for each pH measurement.		
8. The sleeve on the pH probe is not covering the filling hole during calibration and measurement.		
9. The pH probe is stored in the recommended solution when not in use.		
10. Duplicate analyses are performed on 10% of samples analyzed or with each analytical run, whichever is greater, and results fall within established control limits.		
11. Certified Reference Standards are analyzed quarterly and results fall within 95% confidence limits.		
12. A second source (different lot #) calibration check standard is analyzed with each sample batch and corrective action is taken when results exceed control limits (+/- 0.2 SU).		

Score for this section: 0%

Your Points: 0
Total Points 48

Comments:

IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: 0
Inspector: 0
Date: 4/1/2023

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

Section D: Analytes - TSS

Question	Score	Comments
1. A Standard Operating Procedure is written, up to date and reviewed annually for this procedure.		
2. Duplicate analyses are performed with each sample batch or 10% of the samples, whichever is greater, and results fall within established control limits.		
3. The desiccant appears dry.		
4. The drying oven temperature can be read without the thermometer reading being affected.		
5. Documentation exists that the drying oven(s) is maintained at 104 +/- 1 degrees C.		
6. A constant weight analysis as outlined in Standard Methods is performed at least once per year to ensure that drying time is sufficient.		
7. Crucibles and/or filter papers are prepared correctly in accordance with the SOP and the filter paper is glass fiber type without organic binder.		
8. A laboratory reagent blank is analyzed with each batch and the result is < MDL, within established control limits, or below the lab's reporting limit.		
9. Certified Reference Standards are analyzed quarterly and results fall within 95% confidence limits and/or split samples are analyzed quarterly and results fall within 20% RPD.		
10. Sample volumes are adjusted to obtain a weight gain of > 2.5 mg and < 200 mg.		
11. A Method Detection Limit (MDL) study has been performed in accordance with the most recently EPA approved MDL Procedure as outlined in 40 CFR Part 136.		

Score for this section: 0%

Your Points: 0
Total Points 44

Comments:

IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: 0
Inspector: 0
Date: 4/1/2023

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

Section D: Analytes - Phosphorus – non-TNT method

Question	Score	Comments
1. A Standard Operating Procedure is written, up to date and reviewed annually for this procedure.		
2. Duplicate analyses are performed with each sample batch or 10% of the samples, whichever is greater, and results fall within established control limits.		
3. A laboratory reagent blank is analyzed with each batch and the result is < MDL, within established control limits, or below the lab's reporting limit.		
4. Spectrophotometer calibration records are kept in a permanent record.		
5. Reagents and standards do not exceed their expiration date.		
6. Sample readings are bracketed by calibration standards. All sample dilutions and readings are documented.		
7. A Laboratory Fortified Matrix sample (spike) is analyzed at a rate of one per sample batch, or 10% of the samples, whichever is greater.		
8. Certified Reference Standards are analyzed quarterly and results fall within the 95% confidence limits and/or split samples are analyzed quarterly and results fall within 20% RPD.		
9. A Method Detection Limit (MDL) study has been performed in accordance with the most recently EPA approved MDL Procedure as outlined in 40 CFR Part 136.		
10. A new calibration curve is prepared whenever any of the following occur: • A new stock standard is purchased or prepared. • A new reagent is purchased or prepared. • The spectrophotometer or cuvettes have been changed. • The analysis of the second source calibration standard exceeds the control limit. • Two out of three analyses of any QC parameter, excepting duplicates, exceed the warning limit.		
11. A second source (different lot #) calibration check standard is analyzed with each sample batch and corrective action is taken when results exceed control limits.		
12. The calibration curve is established using a blank and a minimum of 3 standards if linear or 5 standards if non-linear.		
13. Labware and sample bottles have been acid cleaned with 1:1 HCl and rinsed with lab grade water before every analysis. If labware and sample bottles are only used for phosphorus analysis, only occasional acid rinse is required. Alternatively, disposable labware is purchased and a new piece is used with each sample.		

Score for this section: 0%

Your Points: 0
Total Points 52

Comments:

IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: 0
Inspector: 0
Date: 4/1/2023

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

Section D: Analytes - Phosphorus – TNT/TNTplus Method

Question	Score	Comments
1. A Standard Operating Procedure is written, up to date and reviewed annually for this procedure.		
2. Duplicate analyses (for each range of vials used) are performed on 10% of samples processed or with each analytical run, whichever is greater. The results fall within established control limits.		
3. A laboratory reagent blank is analyzed (for each range of vials used) with each sample batch and the result is < MDL, within established control limits, < the lab's reporting limit, or below Hach's established range(s).		
4. Spectrophotometer maintenance records are available and the spec is updated/calibrated as needed, or as dictated by Hach updates.		
5. Reagents and standards do not exceed their expiration date.		
6. Samples are analyzed using the correct TNTplus range. If necessary, dilutions are made to get samples within the acceptable range. Sample dilutions and Hach TNTplus reagent range(s) used for analysis are documented.		
7. Spiked sample analyses (for each range of vials used) are performed on 10% of samples processed or with each analytical run, whichever is greater, and results fall within established control limits.		
8. Certified Reference Standards are analyzed quarterly and results fall within the 95% confidence limits and/or split samples are analyzed quarterly and results fall within 20% RPD.		
9. A Method Detection Limit (MDL) study has been performed in accordance with the most recently EPA approved MDL Procedure as outlined in 40 CFR Part 136.		
10. A calibration check standard (For each range of vials used) is analyzed with each sample batch and corrective action is taken when results exceed control limits.		
11. Documentation is present that Phosphorus samples preserved to pH <2 SU and stored at ≤6°C for ≤28days prior to analysis, are brought to between 15°C and 25°C and have the pH adjusted to between 2 and 10 SU before analysis.		
12. Labware and sample bottles have been acid cleaned with 1:1 HCl and rinsed with lab grade water before every analysis. If labware and sample bottles are only used for phosphorus analysis, only occasional acid rinse is required.		
13. After the 60 minute digestion, TNTplus vials have been cooled to room temperature before proceeding to next step in analysis.		

Score for this section: 0%

Your Points: 0
Total Points 52

Comments:

IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: 0
Inspector: 0
Date: 4/1/2023

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

Section D: Analytes - Colilert

Question	Score	Comments
1. A Standard Operating Procedure is written, up to date and reviewed annually for this procedure.		
2. A sample known to contain bacteria is analyzed with each lot # of substrate purchased.		
3. Duplicate analyses are performed weekly and results fall within established control limits.		
4. Records show incubator temperature is controlled in the correct range (35±0.5 degrees C).		
5. Bacteriological samples are processed within holding time of 6 hours.		
6. The Quanti-Tray 2000 is being used.		
7. An annual suitability test has been run on the lab water used to make dilutions.		
8. Documentation exists that no more than 0.1 mL of 10% sodium thiosulfate has been added to sample bottles prior to collection.		
9. Sterility of pipets, bottles, and dilution water is verified by analyzing a sterile sample with each new lot # if purchased or each new batch if sterilized in house.		
10. Autoclave, sterility, and or hazmat service records are available for the used Quanti-trays.		
11. Documentation shows that substrate and Quanti-trays have not exceeded their expiration dates.		
12. Analyst understands 100% fluorescence and uses 10 mL dilutions when appropriate. This includes running a 10 mL dilution per analysis as recommended by the IDEM memorandum on TNTC reporting dated July 1, 2005.		

Score for this section: 0%

Your Points: 0
Total Points 48

Comments:

IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: 0
Inspector: 0
Date: 4/1/2023

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

Section D: Bac. - Membrane Filtration

Question	Score	Comments
1. A Standard Operating Procedure is written, up to date and reviewed annually for this procedure.		
2. A sample known to contain bacteria is analyzed with each new batch of media prepared or lot # purchased.		
3. Duplicate analyses are performed with each sample batch or 10% of the samples analyzed and results fall within established control limits.		
4. Analyst understands Too Numerous To Count (TNTC) and uses dilutions when appropriate. This includes running a 1 mL dilution per analysis as recommended by the IDEM memorandum on TNTC reporting dated July 1, 2005.		
5. Analyst understands confluent growth and takes steps to minimize it. Corrective action is taken and documented if this condition occurs.		
6. Records show incubator and/or water bath temperatures are controlled in the correct range as appropriate for the method.		
7. Bacteriological samples are processed within holding time of 6 hours.		
8. A sample volume of no more than 100 mL is used and sufficient dilutions are analyzed to yield countable results.		
9. An annual suitability test has been run on the lab water used to prepare media, dilution water and reagents.		
10. Autoclave temperature and pressure is documented, showing sterility. Alternately, sterility tape is used to document sterility.		
11. Documentation exists that no more than 0.1 mL of 10% sodium thiosulfate has been added to sample bottles prior to collection. Alternately, purchased disposable containers with sodium thiosulfate tablet are used.		
12. Sterility is verified throughout the entire sample set being processed by the filtration of 100mL of dilution water at the beginning and end of the analytical run.		
13. Positive colonies are verified at least once annually for membrane filtration.		
14. Documentation exists showing preparation of media, reagents, and dilution water, including date, pH (if applicable), lot#, expiration dates and preparer.		

Score for this section: 0%

Your Points: 0
Total Points 56

Comments:

IWEA LABORATORY EXCELLENCE AWARD
AUDIT CHECK LIST

Year of Inspection: 2023
Facility Name: 0
Inspector: 0
Date: 4/1/2023

Scoring Key			
Always	4	Seldom	1
Usually	3	Never	0
Sometimes/ Occasionally	2	Not Applicable	NA

Section D: Analytes - Metals

Question	Score	Comments
1. A Standard Operating Procedure is written, up to date and reviewed annually for this procedure(s).		
2. Duplicate analyses of each matrix type are performed with each sample batch or 10% of the samples, whichever is greater, and results fall within established control limits.		
3. Method blank analyses are performed with each sample batch and results are <MDL, within established control limits or below the lab's reporting limit.		
4. A calibration curve using at least 3 standards and a blank that demonstrates linearity is established for each metal analyzed and is kept in a permanent record.		
5. Documentation exists that stock standards have not exceeded their expiration date.		
6. A rinse is aspirated between each standard analyzed and between each sample analyzed.		
7. Glassware is cleaned appropriately (soap and HCl or HNO3), as documented in the SOP and verified by QC sample results.		
8. A Method Detection Limit (MDL) study has been performed in accordance with the most recently EPA approved MDL Procedure as outlined in 40 CFR Part 136.		
9. Certified Reference Standards are analyzed quarterly and results fall within 95% confidence limits and/or split samples are analyzed quarterly and results fall within 20% RPD.		
10. A second source QC check standard and calibration blank are analyzed every 10 samples. When results exceed control limits, appropriate corrective action(s) is taken.		
11. A laboratory fortified blank sample is digested and analyzed with each sample batch and results fall within established control limits.		
12. A laboratory fortified matrix spike sample is digested and analyzed with each sample batch or 10% of the samples, whichever is greater, and results fall within established control limits.		
13. Approved sample digestion is documented and performed.		
14. Background correction is used for elements analyzed at < 300 nm.		

Score for this section: 0%

Your Points: 0
Total Points 56

Comments:

Laboratory: 0
Inspector: 0
Inspected Date: 4/1/2023

To receive the Laboratory Excellence Award each analyte must receive a score of 70% or higher, each section 85% or higher, and an overall score of 90% or higher.

Section	Individual % Required	Points Obtained	Max Possible Points	% Obtained	Pass or Fail
QA/QC	85%	0	52	0%	Fail
Lab Facility	85%	0	56	0%	Fail
General Lab	85%	0	56	0%	Fail
Analytes*	85%	0	516	0%	Fail
BOD	70%	0	60	0%	Fail
Ammonia non-TNT+	70%	0	48	0%	Fail
Ammonia TNT+	70%	0	52	0%	Fail
pH	70%	0	48	0%	Fail
TSS	70%	0	44	0%	Fail
Phosphorus non-TNT+	70%	0	52	0%	Fail
Phosphorus TNT+	70%	0	52	0%	Fail
Colilert	70%	0	48	0%	Fail
Membrane Bac.	70%	0	56	0%	Fail
Metals	70%	0	56	0%	Fail
Overall Score	90%	0	680	0.0%	Fail

Overall Pass or Fail	Fail