

Interim Authorization Application for Operational Analyses

Form # (OEPA Use) _____

Laboratory Certification Section/Division of Environmental Services
The Ohio Environmental Protection Agency

The applicant affirms the right of the Laboratory Certification Section, Division of Environmental Services of The Ohio Environmental Protection Agency to inspect the laboratory and its operations and pertinent records. The applicant agrees that the personnel to be granted interim authorization will fully comply with the policies of the Ohio EPA contained herein.

[1] Name of Laboratory: _____

[2] Mailing Address: _____

Phone Number: () _____ FAX Number: () _____

Email: _____ County: _____ Ohio EPA District: _____

[3] Person responsible for the laboratory: _____
First
Middle Initial
Last

[4] Laboratory Certification Number: _____

[5] *Please list the name(s) of the currently approved staff and check the test(s) for which they are approved:*

Personnel Currently Approved	Full Approval	Operational Approval	Turbidity	pH	Alkalinity	Stability	Hardness	Fluoride	Chlorine	Chlorine Dioxide	Chlorite

[6] Please list the name(s) of the applicant(s) for interim authorization and check the test(s) to be included.
 (Maximum allowable number of analysts = 50% of currently approved staff)

Name of Operational Analyst	Turbidity	pH	Alkalinity	Stability	Hardness	Fluoride	Chlorine DPD	Chlorine Dioxide	Chlorite

[7] Date of approval for laboratory plans: _____

[8] Since lab plans were approved: {A} No modifications were made.
 {B} Ohio EPA approved modifications were made.
 {C} Revised laboratory plans have been submitted for approval.

[9] Fill in the date that certification expires: _____

[10] **Oath**

I certify that all of the statements made on this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. In addition, all PT test results will be based on analyses performed by employees of this laboratory, who are approved or applying for approval.

Signature of responsible person _____

Date _____

Title: _____ Laboratory Certification #: _____

Send completed request forms to:

Ohio Environmental Protection Agency
 Division of Environmental Services
 Laboratory Certification Section
 8955 East Main Street
 Reynoldsburg, OH 43068

Incomplete or illegible request forms will be returned with no action taken.

INTERIM AUTHORIZATION TRAINING DOCUMENTATION

Lab Name: _____ Certification #: _____ Date Training Started: _____ Completed: _____

Name of Operator-In-Training: _____ Name of Trainer(s): _____

NOTE: A minimum of twenty days of results are required for all tests except stability. Four weekly results are required for stability.

INSTRUCTIONS:		Enter Operator-in-Training results in "I" boxes; Trainer results in "T" boxes. Circle Operator-in-Training results which exceed $\pm 10\%$ of the Trainer's results and describe corrective actions on page 2. Results must be for plant tap samples.																			
Date: Month/Day		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Turbidity (NTU)	I																				
	T																				
pH	I																				
	T																				
Total Alkalinity (mg/L)	I																				
	T																				
Hardness (mg/L)	I																				
	T																				
Fluoride (mg/L)	I																				
	T																				
Chlorine-Free (mg/L)	I																				
	T																				
Chlorine-Total (mg/L)	I																				
	T																				
Chlorine Dioxide	I																				
	T																				
Chlorite	I																				
	T																				
STABILITY		SAT.	UNSAT.				SAT.	UNSAT.				SAT.	UNSAT.				SAT.	UNSAT.			
pH	I																				
	T																				
Alkalinity (mg/L)	I																				
	T																				

