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| **\*\*This form is intended to be filled out electronically.\*\***  **Laboratory Information** |

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| Laboratory |  | | | | **Certified Laboratory Number (AK #)** | | | |
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| Laboratory Primary Contact Name / Title | | | | |  |  | |  |
| Primary Microbiological Analyst Name (s) | | |  | |  |  | | |
| Laboratory Supervisor, Laboratory Manager , or Quality Systems Manager | | | |  |  |  | |  |
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| **Requirements for Laboratory Supervisor** | | | | | | | | |

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| **Section 1**  The requirements listed below are for the **Laboratory Supervisor** (typically the Primary Contact) of certified drinking water laboratories that analyze for microbiological contaminants per Chapter V of the U.S. Environmental Protection Agency *Manual for the Certification of Laboratories Analyzing Drinking Water* (EPA 815-R-05-004 January 2005). Note that the role of “primary contact” may fall under Supervisor, Laboratory Manager, Quality Systems Manager, or Consultant.  **The Supervisor must meet both education and training requirements as noted below.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Supervisor, Manager or Quality Systems Manager Title (Please note if Consultant)  1. Does the Supervisor of the microbiology laboratory have a degree in Microbiology, Biology, Chemistry, Environmental Health or a *state approved* equivalent degree?  *□ Yes* List type and field of degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Continue to question **5**.  *□ No* Continue to question **2**.  2. If the Supervisor has a degree in a subject other than one listed above, has the supervisor completed at least one college-level microbiology laboratory course in which environmental microbiology was covered?  *□ Yes* List type and field of degree*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Course Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Continue to question **5***.*  *□ No* Continue to question **3**. |

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| **Section 1 (cont.)**  3. Is the laboratory associated with a public drinking water system and *only analyzes regulatory compliance samples from that system?*  *□ Yes* List Name and PWSID of Public Water System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The laboratory may apply for a waiver of academic training for the supervisor. **Request a waiver form from the Micro CO and submit with application.**  Continue to Question **5**.  *□ No* Continue to Question **4**.  4. Does the Supervisor currently supervise a Water Treatment / Wastewater Plant or in an Office of Environmental Health Laboratory, or an *approved* equivalent?  *□ Yes* **Attach a copy of your current Operator Certification, or a list of training and experience related to laboratory supervision.** Continue to Question **5**.  *□ No* The supervisor does not meet the minimum requirements. Either the needed education or experience must be obtained or a consultant meeting the requirements listed above may be substituted provided that the consultant is acceptable to the Certification Authority and present on-site at the laboratory frequently enough to perform the supervisors duties. **Attach a detailed Action Plan and Time Line to meet Supervisor requirements; CERTIFICATION WILL NOT BE CONSIDERED WITHOUT THIS DOCUMENTATION.**  5. Has the Supervisor or Consultant had a minimum of two weeks training at a Federal or State agency or academic institution in microbiological analysis of drinking water **or** 80 hours of on-the-job training in water microbiology at a certified laboratory **or** other training acceptable to the State or EPA (*includes the ATTAC Drinking Water Analyst Workshop and Online Drinking Water Laboratory Supervisor’s Course*)?  *□ Yes* The supervisor meets EPA minimum requirements.    *□ No* The supervisor does not meet the minimum requirements. Either the needed training must be obtained or a consultant meeting the requirements listed above may be substituted provided that the consultant is acceptable to the Certification Authority and present on-site at the laboratory frequently enough to perform the supervisors duties. **Attach a detailed Action Plan and time line to meet Supervisor requirements; CERTIFICATION WILL NOT BE CONSIDERED WITHOUT THIS DOCUMENTATION.** |
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| **Requirements for Laboratory Analysts** |
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| **Section 2**  Before analyzing Public Water System regulatory compliance samples, **each microbiological analyst must meet FOUR training and education requirements, and receive Laboratory Certification Program approval\*:** the analyst must have **1)** a high school diploma or equivalent, **2)** training class in microbiological analysis of drinking water acceptable to the State, **3)** Training - a minimum of 30 working days documented on-the-job training by an experienced drinking water microbiological analyst, and **4)** demonstrate acceptable results on unknown samples or Performance Test (PT) for every certified method used by the analyst.  **NOTE: If a Supervisor is also an analyst, they must be included in the following section.**  If there are more than 3 analysts, please copy and paste this section as needed to account for every analyst.    **Analyst: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print name)**  ***Requirements (Please fully answer each of the following):***  1) High School Diploma? ***□*** *Yes □ No*    2) Year Analyst Training Course completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check if no course was offered: □ No Course Offered    3) Date of Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_ Prior years DW experience (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_ Degree (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_    Please list each method being performed and the dates in which the analyst trained on that particular method (may be concurrent with other methods). An initial PT or in-house blind study (meeting the PT requirements in section 7.2 of the LCM) is required for every method requested with the exception of Colilert and Colilert-18. The analyst may use the same PT for both media types. Every other method and/or media requires a separate PT or in-house blind study.   |  |  |  |  | | --- | --- | --- | --- | | **Method** | **Dates Trained** | **Date of PT** | **PT Provider/Study Name OR in-house blind (If an in-house blind was performed, please attach documentation if analyst has been employed for less than 3 years)** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Requirement(s) not currently met (please list):**    *Estimated completion date (s):*    **Analyst: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print name)**  ***Requirements (Please fully answer each of the following):***  1) High School Diploma? ***□*** *Yes □ No*    2) Year Analyst Training Course completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check if no course was offered: □ No Course Offered    3) Date of Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_ Prior years DW experience (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_ Degree (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_    Please list each method being performed and the dates in which the analyst trained on that particular method (may be concurrent with other methods). 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All training and education documentation must be kept on file for the duration of employment or for a period of 5 years regardless of employment status (whichever is longer).** |

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