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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.

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| **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)** |
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  **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). 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.

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  **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). 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.

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| **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)** |
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 **Requirement(s) not currently met (please list):**   *Estimated completion date (s):***\*If an analyst does not meet any of the above, that analyst is not authorized to analyze drinking water compliance samples until they have satisfactorily met the requirements. 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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| **Applicant Signature** |

By signing this document you attest that the information contained within is truthful and represents the qualifications of personnel as best known to you.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name of Legal Representative Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Legal Representative Date |