

**DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER DIVISION  
LABORATORY INSPECTION REPORT**

11/2014

<b>PERMIT #:</b>	<b>INSPECTION DATE:</b>	<b>PREVIOUS INSP. DATE:</b>	<b>PREVIOUS EVALUATION:</b>	<b>TIME SPENT:</b> hours w/ travel & report
<b>NAME/ADDRESS OF FACILITY:</b>	<b>FACILITY CLASS:</b> ( ) MAJOR ( ) MINOR ( ) MINOR (Small) ( ) VPA	<b>FACILITY TYPE:</b> ( ) MUNICIPAL ( ) INDUSTRIAL ( ) FEDERAL	<b>UNANNOUNCED INSPECTION?</b> ( ) YES ( ) NO	
			<b>FFY-SCHEDULED INSPECTION?</b> ( ) YES ( ) NO	
<b>INSPECTOR(S):</b>	<b>REVIEWER(S):</b>	<b>PRESENT AT INSPECTION:</b>		

LABORATORY EVALUATION	DEFICIENCIES?	
	Yes	No
LABORATORY RECORDS		
GENERAL SAMPLING AND ANALYSIS		
pH PROCEDURE		
TOTAL RESIDUAL CHLORINE PROCEDURES		
DISSOLVED OXYGEN PROCEDURES		
TEMPERATURE PROCEDURES		
OTHER		

VELAP CERTIFICATION (on site Environmental Laboratory)	Yes	No
Does the laboratory have VELAP certification (interim or final)?		
- Document the laboratory's VELAP laboratory number:		
- Document the effective date of the VELAP certification:		
- Document the expiration date of the VELAP certification:		
- List the certified parameters:		

VELAP ACCREDITATION (Commercial Environmental Laboratory)	Yes	No						
IS A VELAP ACCREDITED LAB USED FOR OTHER PERMIT REQUIRED ANALYSES? VELAP#, LAB NAME, ADDRESS and LIST PARAMETERS:	(Yes)	(No)						
<table border="1"> <tr> <td>VELAP #</td> <td>LAB NAME</td> <td>PARAMETERS</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	VELAP #	LAB NAME	PARAMETERS					
VELAP #	LAB NAME	PARAMETERS						
IF PERMIT REQUIRED SAMPLE ANALYSIS IS PERFORMED AT ANOTHER LOCATION, ARE SHIPPING PROCEDURES ADEQUATE?	(Yes)	(No)						

<b>COPIES:</b> ( ) DEQ - RO; ( ) Owner, ( ) Other:
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PERMIT #:

**LABORATORY RECORDS SECTION**

LABORATORY RECORDS INCLUDE THE FOLLOWING:

<input type="checkbox"/>	SAMPLING DATE	<input type="checkbox"/>	ANALYSIS DATE	<input type="checkbox"/>	CONT MONITORING CHART
<input type="checkbox"/>	SAMPLING TIME	<input type="checkbox"/>	ANALYSIS TIME	<input type="checkbox"/>	INSTRUMENT CALIBRATION
<input type="checkbox"/>	SAMPLE LOCATION	<input type="checkbox"/>	TEST METHOD	<input type="checkbox"/>	INSTRUMENT MAINTENANCE
				<input type="checkbox"/>	CERTIFICATE OF ANALYSIS

WRITTEN INSTRUCTIONS INCLUDE THE FOLLOWING:

<input type="checkbox"/>	SAMPLING SCHEDULES	<input type="checkbox"/>	CALCULATIONS	<input type="checkbox"/>	ANALYSIS PROCEDURES
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	YES	NO	N/A
DO ALL ANALYSTS INITIAL THEIR WORK?			
DO BENCH SHEETS (or LOG BOOK) INCLUDE ALL INFORMATION NECESSARY TO DETERMINE RESULTS?			
IS THE DMR COMPLETE AND CORRECT? LIST MONTH(S) REVIEWED:			
ARE ALL MONITORING VALUES REQUIRED BY THE PERMIT REPORTED?			
DOES CHAIN OF CUSTODY DOCUMENT PROPER SAMPLE PRESERVATION WAS MET?			
WHEN THE CERTIFICATE OF ANALYSIS CONTAINS FLAGGED DATA IS THE 'FLAG' REPORTED ON THE DMR?			

**GENERAL SAMPLING AND ANALYSIS SECTION**

	YES	NO	N/A
ARE SAMPLE LOCATIONS ACCORDING TO PERMIT REQUIREMENTS?			
ARE PERMIT REQUIRED SAMPLE COLLECTION PROCEDURES APPROPRIATE?			
ARE EFFLUENT SAMPLES REPRESENTATIVE OF THE MONITORED ACTIVITY? •			
ARE PERMIT REQUIRED COMPOSITE SAMPLES FLOW PROPORTIONAL? <b>NOTE:</b> Equal volume composite aliquots are acceptable <b><i>if the instantaneous flow is within ± 10% of the daily average flow during the monitoring period.</i></b> Some permits specify how the composite is to be taken (e.g., 5G/8HC).			
IS COLLECTION SAMPLE EQUIPMENT ADEQUATE?			
IS FLOW MEASUREMENT ACCORDING TO PERMIT REQUIREMENTS?			

**DEPARTMENT OF ENVIRONMENTAL QUALITY – WATER DIVISION  
LABORATORY INSPECTION REPORT SUMMARY**

FACILITY NAME:		Permit #:		INSPECTION DATE:	
<b>LABORATORY EVALUATION</b>			No required actions at this time		
			<b>REQUIRED CORRECTIVE ACTION(s) IDENTIFIED</b>		
<b>SUMMARY of REQUEST FOR CORRECTIVE ACTION</b>					
<b>Lab Records</b>					
<b>Laboratory Records section deficiency and required action:</b> 1.					
<b>General Sampling and Analysis</b>					
<b>General Sampling and Analysis section deficiency and required action:</b> 1.					
<b>pH Analysis</b>					
<b>pH deficiency and required action:</b> 1.					
<b>TRC Analysis</b>					
<b>TRC deficiency and required action:</b> 1.					
<b>D.O. Analysis</b>					
<b>D.O. deficiency and required action:</b> 1.					
<b>Temperature Analysis</b>					
<b>Temperature deficiency and required action:</b> 1.					
<b>OTHER – Comments or Observations</b>					