



OEPA Office Use Only

Application ID: _____

Received: _____

Revenue ID: _____

Approved: _____

Fee Applied: _____

Interim Authorization Application for MMO-MUG (SM 9223) Tests

The applicant affirms the right of the Ohio Environmental Protection Agency (Ohio EPA) to inspect the laboratory, its operations and pertinent records. The applicant agrees that the personnel seeking interim authorization will fully comply with the policies of the Ohio EPA contained herein. An on-site survey will be scheduled within six months of an interim authorization. Interim authorization only grants approval for a period not to exceed six months unless an extension is granted.

Name of Laboratory: _____

Laboratory Certification Number: _____

Mailing Address: _____

Laboratory Address: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

County: _____

Ohio EPA District: _____

Name of person responsible for the Laboratory: _____

First

Middle Initial

Last

Fill in the date the certification expires: _____

Analyst Information: An analyst is only approved until the on-site survey, certification will only granted upon successful completion of the survey. Identify the test method(s) to be included in the survey for each analyst.

New Analyst Name	MMO-MUG (SM 9223)			QUANTI-TRAY (SM 9223)			O T H E R
	COLILERT 24	COLILERT 18	COLISURE	COLILERT 24	COLILERT 18	COLISURE	

Trainer Information: Identify the test method(s) for each analyst/trainer.

Analyst/Trainer Name and Number	MMO-MUG(SM 9223)			QUANTI-TRAY (SM 9223)			O T H E R
	COLILERT 24	COLILERT 18	COLISURE	COLILERT 24	COLILERT 18	COLISURE	

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.

Signature of Applicant: _____ Date: _____

Title of Applicant: _____

Send completed applications to:

Jennifer.Tom@epa.ohio.gov

-or-

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

NOTICE

Incomplete or illegible applications will be returned without being processed.
 Unless previously paid, submission of the three year survey fee payment is required within 30 days after the application has been determined to be complete.

Interim Authorization Training Documentation

Laboratory Name: _____

Laboratory Certification Number: _____

Date Training Started: _____

Date of Training Concluded: _____

Name of Operator-In-Training: _____

Name of Trainer(s): _____

Instructions: Analysts are required to analyze a minimum of seven samples per day, including the quality control samples. Results must be generated in parallel with a trainer currently certified for MMO-MUG (SM 9223). Record the operator-in-training results in "O" boxes and trainer results in "T" boxes. To be considered acceptable, the operator-in-training results must contain no false negatives and no more than one false positive in comparison to trainer results. Circle all results with a false negative or a false positive and describe any corrective action(s) on page 4.

Test Method		Date (Month/Day):							Date (Month/Day):							Date (Month/Day):						
		QC		Samples					QC		Samples					QC		Samples				
		+	-	1	2	3	4	5	+	-	1	2	3	4	5	+	-	1	2	3	4	5
	O																					
	T																					
	O																					
	T																					
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Corrective Actions for Results with a False Negative or a False Positive

Test Method	Date of Result with a False Negative or a False Positive	Corrective Action Taken

OATH

I certify that all of the provided information is complete and accurate to the best of my knowledge and belief. The operator-in-training has demonstrated adequate proficiency for the specified test(s) and will comply with all rules and conditions regarding laboratory certification.

Signature of Applicant: _____ Date: _____