



## DRINKING WATER CHEMISTRY PRE-AUDIT INFORMATION REQUEST

State Form 56453 (R / 7-23)  
INDIANA DEPARTMENT OF HEALTH

Please submit the requested documentation in electronic form to [KatSullivan@HEALTH.in.gov](mailto:KatSullivan@HEALTH.in.gov) at least two (2) weeks prior to the laboratory's scheduled audit.

***Please read carefully as the format and some requested information may have changed.***

Your assistance in this process is appreciated.

LABORATORY INFORMATION	
On-site Audit Date ( <i>month, day, year</i> ):	
Indiana Laboratory Number: (C-##-##)	
Name of Laboratory ( <i>as it should appear on the certificate</i> ):	
Location Address ( <i>Street City, ZIP</i> ):	
Mailing Address ( <i>Street, City, ZIP</i> ):	
Laboratory Telephone Number:	
Contact Name and Telephone Number:	
Contact E-mail Address:	
Time zone:	
LABORATORY DIRRECTOR	
Name of Laboratory Director:	
Telephone number:	
LABORATORY QUALITY ASSURANCE OFFICER (QAO)	
Name of QAO:	
Telephone number:	
QAO E-mail Address:	
LABORATORY OWNERSHIP	
Name of Owner:	
Address of Owner ( <i>Street, City, ZIP</i> ):	
LABORATORY TYPE	
Description of Laboratory: ( <i>check one</i> )	
County Health Department	<input type="checkbox"/>
Other State Laboratory	<input type="checkbox"/>
Pollution Control Facility	<input type="checkbox"/>
Utility Laboratory	<input type="checkbox"/>
University / Academic Department	<input type="checkbox"/>
Commercial Laboratory	<input type="checkbox"/>
Research Institution	<input type="checkbox"/>
Other	<input type="checkbox"/> ( <i>please describe</i> ):

**Check the description which applies to the type of water tested in your laboratory:**

\_\_\_\_\_ **Public Water Systems – Either Community or Non-Community**

\_\_\_\_\_ Community (Domestic) – Fifteen (15) service connections or twenty-five (25) year-round residents. May report to the Environmental Protection Agency (EPA), must report to the Indiana Department of Environmental Management (IDEM). *EXAMPLES:* towns, subdivisions, rural areas, apartment complexes, mobile home parks.

\_\_\_\_\_ Non-Community, non-transient – Used by the same twenty-five (25) people over six (6) months per year. Reports to IDEM. *EXAMPLES:* schools, church, industry.

\_\_\_\_\_ Non-Community, transient – Used by twenty-five (25) people over six (6) months per year. Reports sent to EPA. *EXAMPLES:* truck stops, rest parks, camps, parks.

\_\_\_\_\_ **Other** Including but not limited to residential wells, property transfers, homeowner requests. **Data not reported to IDEM or USEPA.**

Do you have certification in any other states that is based on your Indiana certification?  
(This type of certification is sometimes referred to as *reciprocal certification*.)

☐ Yes      ☐ No      IF YES list states \_\_\_\_\_

If your laboratory is not located in Indiana, do you currently analyze or have pending contracts for analysis of samples for Indiana public water supplies?

☐ Yes      ☐ No

► **If this application is an *initial* application, please provide the following documentation when submitting this form:**

- A copy of the laboratory quality manual.
- Demonstration of capability **and** Method Detection Limit (MDL) summary data for all requested analytes.
- Copies of analytical Standard Operating Procedures (SOPs) for all requested analytes.
- Proficiency testing results showing successful analysis for two PT studies.

► If this application is for *renewal of certification*, please provide the following documentation when submitting this form:

- A copy of the laboratory quality manual if changes have been made since the last application.
- MDL summary data for all requested analytes.
- A complete report including raw data for each requested method/analyte
- Copies of analytical SOPs for analytes requested by certification officer.
- Reports of successful analysis of requested analytes in WS PT studies since last assessment.

For all requested documentation, electronic format is preferred.

Management and Supervisory Staff Qualifications		
Position / Title	Name	Education level / Degree/Major*/Experience
Laboratory Director		
Manager		
Quality Assurance Officer		
Department	Supervisor(s) Name(s)	Education level / Degree/Major*/Experience

\* If major is not chemistry, list hours of college level courses in chemistry.

Test procedures currently used for drinking water: Include the reference used for the method  
[USEPA methods (*revision*), Standard Methods (*edition*), ASTM (*revisions*), etc.]

Analyte	Method	Most Recent MDL (month, day, year) calculated	PT Study Provider and Study Identifier
<b>Non-Metals</b>			
Nitrate			
Nitrite			
Fluoride			
Cyanide			

<b>Analyte</b>	<b>Method</b>	<b>Most Recent MDL (month, day, year) calculated</b>	<b>PT Study Provider and Study Identifier</b>
<b>Metals</b>			
Antimony			
Arsenic			
Barium			
Beryllium			
Cadmium			
Chromium			
Copper			
Lead			
Mercury			
Nickel			
Selenium			
Thallium			
Uranium			

<b>Analyte</b>	<b>Method</b>	<b>Most Recent MDL (month, day, year) calculated</b>	<b>PT Study Provider and Study Identifier</b>
<b>Pesticides</b>			
Alachlor			
Atrazine			
Chlordane			
Endrin			
Heptachlor			
Heptachlor epoxide			
Hexachlorobenzene			
Hexachlorocyclopentadiene			
Lindane			
Methoxychlor			
Simazine			
Toxaphene			

<b>Analyte</b>	<b>Method</b>	<b>Most Recent MDL (month, day, year) calculated</b>	<b>PT Study Provider and Study Identifier</b>
<b>Carbamates</b>			
Carbofuran			
Oxamyl			

<b>Analyte</b>	<b>Method</b>	<b>Most Recent MDL (month, day, year) calculated</b>	<b>PT Study Provider and Study Identifier</b>
<b>Herbicides</b>			
2,4-D			
2,4,5-TP			
Dalapon			
Dinoseb			
Pentachlorophenol			
Picloram			

<b>Analyte</b>	<b>Method</b>	<b>Most Recent MDL (month, day, year) calculated</b>	<b>PT Study Provider and Study Identifier</b>
<b>Polychlorinated biphenyls</b>			
PCB (screening)			
PCB (as decachlorobiphenyl)			

<b>Analyte</b>	<b>Method</b>	<b>Most Recent MDL (month, day, year) calculated</b>	<b>PT Study Provider and Study Identifier</b>
<b>Polycyclic aromatic hydrocarbons</b>			
Benzo(a)pyrene			

<b>Analyte</b>	<b>Method</b>	<b>Most Recent MDL (month, day, year) calculated</b>	<b>PT Study Provider and Study Identifier</b>
<b>Adipate/phthalate</b>			
Di(2-ethylhexyl)adipate			
Di(2-ethylhexyl)phthalate			

<b>Analyte</b>	<b>Method</b>	<b>Most Recent MDL (month, day, year) calculated</b>	<b>PT Study Provider and Study Identifier</b>
<b>Miscellaneous SOCs</b>			
Diquat			
Endothall			
Glyphosate			

<b>Analyte</b>	<b>Method</b>	<b>Most Recent MDL (month, day, year) calculated</b>	<b>PT Study Provider and Study Identifier</b>
<b>Miscellaneous VOCs</b>			
DBCP			
EDB			

<b>Analyte</b>	<b>Method</b>	<b>Most Recent MDL (month, day, year) calculated</b>	<b>PT Study Provider and Study Identifier</b>
<b>The 20 Regulated VOC and Vinyl chloride</b>			
Benzene			
Carbon tetrachloride			
Chlorobenzene			
1,2-dichlorobenzene			
1,4-dichlorobenzene			
1,2-dichloroethane			
1,1-dichloroethylene			
cis-1,2-dichloroethylene			
trans-1,2-dichloroethylene			
1,2-dichloropropane			
Ethylbenzene			
Styrene			
Tetrachloroethylene			
Toluene			
1,1,1-trichloroethane			
Trichloroethylene			
Vinyl chloride			
Xylenes (total)			
Dichloromethane			
1,2,4-trichlorobenzene			
1,1,2-trichloroethane			

<b>Analyte</b>	<b>Method</b>	<b>Most Recent MDL (month, day, year) calculated</b>	<b>PT Study Provider and Study Identifier</b>
<b>Trihalomethanes</b>			
Bromodichloromethane			
Bromoform			
Chlorodibromomethane			
Chloroform			

<b>Analyte</b>	<b>Method</b>	<b>Most Recent MDL (month, day, year) calculated</b>	<b>PT Study Provider and Study Identifier</b>
<b>Disinfection Byproducts</b>			
Haloacetic acids 5			
Bromate			
Chlorite			

