



DRINKING WATER MICROBIOLOGY PRE-AUDIT INFORMATION REQUEST

State Form 56454 (R / 7-23)
INDIANA DEPARTMENT OF HEALTH

Please submit the requested documentation in electronic form to 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: (M-##-##)	
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 for all analysts.
- Reagent grade water test for metals and bacteriological quality (*if applicable*).
- Copies of analytical Standard Operating Procedures (SOPs) for all methods for which certification is sought.
- Proficiency testing results showing successful analysis of:
 - 1 PT if certification is for an enzyme substrate method.
 - 2 PTs if certification is for any other type of method.

► If this application is for **additional methods** for which certification is being requested, please provide the following documentation when submitting this form:

- Demonstration of capability for all applicable personnel.
- Copies of analytical SOP(s) for the new method(s).
- Proficiency testing results showing successful analysis of:
 1 PT if certification is for an enzyme substrate method.
 2 PTs if certification is for any other type of method.

► 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.
- Signature page from laboratory quality manual indicating yearly review.
- Copies of analytical SOPs for all methods for which certification is sought.
- Reports of all successful analysis of water micro WS PTs studies since last assessment.

For all requested documentation, electronic format is preferred.

LABORATORY PERSONNEL			
Records of education, training (<i>include ethics</i>) and demonstration of capability / competency for each method are to be available for review at the time of on-site audit.			
Position	Name	Title / Degree	Number of Years in Position
Lab Director/QA/Sup			
Analysts / Technicians			
Analysts / Technicians			
Analysts / Technicians			
Analysts / Technicians			
Analysts / Technicians			

TEST METHODS		
Method	Media	Most recent PT