



**OEPA Office Use Only**

Application ID: \_\_\_\_\_

Received: \_\_\_\_\_

Approved: \_\_\_\_\_

Revenue ID: \_\_\_\_\_

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 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 primary contact 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 be 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 Primary Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Primary Contact: \_\_\_\_\_

Send completed applications to: [DWLabCert@epa.ohio.gov](mailto:DWLabCert@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.  
 After processing this application an invoice will be generated. Unless previously paid, fee payment is required within 30 days after the date on the invoice letter.

## 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																					
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