



Ohio EPA Office Use Only			
Application ID:		Approved:	/ /
Received:	/ /	Fee Applied:	
Revenue ID:			

Interim Authorization Application for Plant Control Tests

This application is only required if the laboratory needs the analyst(s) to perform testing in the laboratory prior to an on-site survey. An on-site survey will be scheduled within six months of an interim authorization. **Interim authorization only grants approval for operational certification** for a period not to exceed six months unless an extension is granted.

Name of Laboratory:							
Laboratory Certification Number:							
Mailing Address:							
City:		State:		Zip:		-	
Laboratory Address:							
City:		State:		Zip:		-	
Phone Number:	() -	Extension:		Fax Number:	() -		
Email Address:				County:			
Ohio EPA District:							
Name of Primary Contact for the Laboratory:							
		<i>First</i>	<i>Middle Initial</i>	<i>Last</i>			
Date Laboratory Certification Expires:	/ /						

NOTICE

In order to be processed, the most current version of the application must be used, and it must be complete and legible. The most current version is located on our website at <https://epa.ohio.gov/ddagw/labcert>. After acceptance of this application, an invoice will be generated. Additionally, the lab must have copies of all referenced methods and an acceptable SOP, or the most current version of the Ohio EPA lab certification manual.

Analyst Information:

- List analyst name and analyst number (if they have one).
- Identify if an analyst will be seeking Certification or Operational Certification at the time of the on-site survey.
If this application is approved, the analyst is only permitted to perform operational testing until successful completion of an on-site survey.
- Identify the analyte(s) for which each analyst is seeking certification. *The abbreviated test methods are listed below.*

New Analyst Name	Analyst Number (if applicable)	Certified	Operationally Certified	Alkalinity	Chlorine	Fluoride	Hardness	pH	Stability	Turbidity	Chloride	Chlorine Dioxide
		<input type="checkbox"/>										
		<input type="checkbox"/>										
		<input type="checkbox"/>										
		<input type="checkbox"/>										
		<input type="checkbox"/>										

Trainer Information: Identify the analyst/trainer, analyst number, expiration date on analyst certificate and the tests for which they are certified.

Analyst/Trainer Name	Analyst Number	Expiration Date on Current Analyst Certificate	Alkalinity	Chlorine	Fluoride	Hardness	pH	Stability	Turbidity	Chloride	Chlorine Dioxide
		/ /	<input type="checkbox"/>								
		/ /	<input type="checkbox"/>								
		/ /	<input type="checkbox"/>								
		/ /	<input type="checkbox"/>								
		/ /	<input type="checkbox"/>								

Test	Test Method(s) in Use					
Alkalinity	<input type="checkbox"/>	SM 2320 B				
Chloride	<input type="checkbox"/>	SM 4500 Cl ⁻ -B				
Chlorine	<input type="checkbox"/>	SM 4500 Cl-D	<input type="checkbox"/>	SM 4500 Cl-F	<input type="checkbox"/>	SM 4500 Cl-G
ClO ₂ : Chlorine dioxide	<input type="checkbox"/>	SM 4500 ClO ₂ -D	<input type="checkbox"/>	SM 4500 ClO ₂ -E	<input type="checkbox"/>	ChlordioX Plus - Palintest
Fluoride	<input type="checkbox"/>	SM 4500 F ⁻ -C				
Hardness	<input type="checkbox"/>	SM 2340 C				
pH	<input type="checkbox"/>	SM 4500 H ⁺				
Stability	<input type="checkbox"/>	SM 2330 CaCO ₃ Saturation				
Turbidity	<input type="checkbox"/>	SM 2130 B	<input type="checkbox"/>	Hach Method 10258 Turbidity by 360° Nephelometry		

OATH

I certify that all of the information included on this application is true, complete and correct to the best of my knowledge and belief and are made in good faith. I affirm the right of the Ohio Environmental Protection Agency to inspect the laboratory, its operations and pertinent records. I agree the personnel seeking interim authorization will fully comply with the rules and policies of the Ohio EPA.

Signature of Primary Contact for Laboratory:		Date:	/ /
Title of Primary Contact for Laboratory:			

Send completed applications to:

DWLabCert@epa.ohio.gov

-or-

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

Interim Authorization Training Documentation

Laboratory Name: _____
 Date Training Started: ____/____/____

Name of Operator-In-Training: _____
 Date Training Concluded: ____/____/____

Instructions: Samples must be collected at the same time and from the same source. A minimum of twenty days of results are required for all analyses, except stability which requires four sets of results performed on different days. Record the operator-in-training (OIT) results in “OIT” boxes and trainer results in “T” boxes. To be considered acceptable, the OIT results must be $\pm 10\%$ of the trainer’s results, with the exception of pH and turbidity. For pH, the OIT results must be within ± 0.1 pH units of the trainer’s results. For turbidity results ≥ 0.3 NTU, the OIT results must be $\pm 10\%$ of the trainer’s results. For turbidity results < 0.3 NTU, the OIT results must be within ± 0.03 NTU. Circle all results which are not acceptable and describe any corrective actions on page 5.

Test Methods		Date (Month/Day)																							
		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/				
Alkalinity (mg/L)	OIT																								
	T																								
Chlorine: Free (mg/L)	OIT																								
	T																								
Chlorine: Total (mg/L)	OIT																								
	T																								
Fluoride (mg/L)	OIT																								
	T																								
Hardness (mg/L)	OIT																								
	T																								
pH	OIT																								
	T																								
Turbidity (NTU)	OIT																								
	T																								
	OIT																								
	T																								
	OIT																								
	T																								
Stability		Saturated				Unsaturated				Saturated				Unsaturated				Saturated				Unsaturated			
pH	OIT																								
	T																								
Alkalinity (mg/L)	OIT																								
	T																								
Interpretation	OIT																								
	T																								

Corrective Actions for Unacceptable Results

Date of Unacceptable Result	Test	Trainer Name	Corrective Action Taken
/ /			
/ /			

OATH: I certify that all of the information above 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 Trainer:		Date:	/ /
Signature of OIT:		Date:	/ /

Date of Unacceptable Result	Test	Trainer Name	Corrective Action Taken
/ /			
/ /			

OATH: I certify that all of the information above 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 Trainer:		Date:	/ /
Signature of OIT:		Date:	/ /

Date of Unacceptable Result	Test	Trainer Name	Corrective Action Taken
/ /			
/ /			

OATH: I certify that all of the information above 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 Trainer:		Date:	/ /
Signature of OIT:		Date:	/ /