



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

## Interim Authorization Application for MMO-MUG (SM 9223-B) 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 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 the method(s) for which each analyst is seeking certification.

Analyst Name	Analyst Number	MMO-MUG (SM 9223-B)			QUANTI-TRAY (SM 9223-B)		
		COLLERT 24	COLLERT 18	COLISURE	COLLERT 24	COLLERT 18	COLISURE
		<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	MMO-MUG (SM 9223-B)			QUANTI-TRAY (SM 9223-B)		
			COLLERT 24	COLLERT 18	COLISURE	COLLERT 24	COLLERT 18	COLISURE
		/ /	<input type="checkbox"/>					
		/ /	<input type="checkbox"/>					
		/ /	<input type="checkbox"/>					
		/ /	<input type="checkbox"/>					
		/ /	<input type="checkbox"/>					

**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](mailto: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:** Analysts are required to analyze a minimum of seven samples per day, including the quality control (QC) samples. **It is recommended that at least one potentially positive sample be included.** Results must be generated in parallel with a trainer currently certified for SM 9223-B. Record the operator-in-training results in "OIT" boxes and trainer results in "T" boxes. To be considered acceptable, the OIT 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
	OIT																					
	T																					
	OIT																					
	T																					
	OIT																					
	T																					
	OIT																					
	T																					
	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:	/ /