



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

Radiochemistry Application for Certification

Application for (check applicable boxes):

Initial
 Renewal
 Add Analyst(s)
 Add Method(s)

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.

Analyst Information:

- List analyst name and analyst number.
- Mark NEW if an analyst is new to this laboratory or is adding methods.
- Identify the analyte(s) for which each analyst is seeking certification.

Analyst Name	Analyst Number	New	GROSS ALPHA	GROSS ALPHA AND BETA	RADIUM 226	RADIUM 228	URANIUM	GAMMA EMITTERS	CESIUM	IODINE	STRONTIUM 89 AND 90	TRITIUM
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test	Select Method(s) in use. If not listed, please list method reference. Please note: The lab must have copies of all referenced methods and an acceptable SOP.															
Gross alpha	<input type="checkbox"/>	EPA 00-02	<input type="checkbox"/>	SM 7110 C	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Gross alpha and beta	<input type="checkbox"/>	EPA 00-01	<input type="checkbox"/>	EPA 900.0	<input type="checkbox"/>	SM 302	<input type="checkbox"/>	SM 7110 B	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Radium-226	<input type="checkbox"/>	EPA 903.0	<input type="checkbox"/>	EPA 903.1	<input type="checkbox"/>	EPA Ra-03	<input type="checkbox"/>	EPA Ra-04	<input type="checkbox"/>	SM 304	<input type="checkbox"/>	SM 305	<input type="checkbox"/>	SM 7500 Ra-B	<input type="checkbox"/>	SM 7500 Ra-C
Radium-228	<input type="checkbox"/>	EPA 904.0	<input type="checkbox"/>	EPA Ra-05	<input type="checkbox"/>	SM 7500 Ra-D	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Uranium	<input type="checkbox"/>	EPA 00-07	<input type="checkbox"/>	EPA 908.0	<input type="checkbox"/>	EPA 908.1	<input type="checkbox"/>	SM 7500 U-B	<input type="checkbox"/>	SM 7500 U-C	<input type="checkbox"/>	EPA 200.8	<input type="checkbox"/>			
Gamma Emitters	<input type="checkbox"/>	EPA 901.0	<input type="checkbox"/>	EPA 901.1	<input type="checkbox"/>	EPA 902.0	<input type="checkbox"/>	SM 7120	<input type="checkbox"/>	SM 7500 Cs-B	<input type="checkbox"/>	SM 7500 I-B	<input type="checkbox"/>			
Radioactive Cesium	<input type="checkbox"/>	EPA 901.0	<input type="checkbox"/>	EPA 901.1	<input type="checkbox"/>	SM 7120	<input type="checkbox"/>	SM 7500 Cs-B	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Radioactive Iodine	<input type="checkbox"/>	EPA 901.1	<input type="checkbox"/>	EPA 902.0	<input type="checkbox"/>	SM 7120	<input type="checkbox"/>	SM 7500 I-B	<input type="checkbox"/>	SM 7500 I-C	<input type="checkbox"/>	SM 7500 I-D	<input type="checkbox"/>			
Radioactive Strontium 89 and 90	<input type="checkbox"/>	EPA 905.0	<input type="checkbox"/>	EPA Sr-04	<input type="checkbox"/>	SM 303	<input type="checkbox"/>	SM 7500 Sr-B	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Tritium	<input type="checkbox"/>	EPA 906.0	<input type="checkbox"/>	EPA H-02	<input type="checkbox"/>	SM 306	<input type="checkbox"/>	SM 7500 H-B	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
Other	<input type="checkbox"/>		<input type="checkbox"/>		<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 to be approved will analyze applicable unknown performance samples provided at the time of the survey and will report the values within a time period designated by the Laboratory Certification Officer.

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

Send completed applications to:

DWLabCert@epa.ohio.gov