



TCEQ Microbial Compliance for Revised Total Coliform Rule (RTCR) and Groundwater Rule (GWR) Drinking Water Laboratory Checklist

Lab Name:
NELAP Laboratory ID:
Mailing Address:
Primary Contact Name:
Role:
Email Address:
Phone Number:

Program Requirements

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your lab supply sample containers for sample collection?
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are sample containers sterilized within your lab?
3.	<input type="checkbox"/> In-house <input type="checkbox"/> Vendor	Are your containers prepared in-house or obtained from a vendor?
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your lab check the accuracy of the required 100 mL gradation mark?
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your lab test your sample bottles for sterility?
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your lab test for dechlorinating agent (sodium thiosulfate) effectiveness?
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	For bottles obtained from a vendor, does the vendor's <i>lot specific</i> certificate of analysis address questions #4-6?
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your lab adhere to the 30 hour hold time for RTCR samples?
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your lab report results to TCEQ electronically via E2?
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do bottle labels include: PWS ID number, sample collection date & time, sampler's initials, and address/location of collection site?
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is every sample received checked for the absence of a chlorine residual?
12.	<input type="checkbox"/> TCEQ MRF <input type="checkbox"/> Alternate	Does your lab utilize the TCEQ's Microbial Reporting Form (#10525) or an alternate form?
13.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If your lab submits electronically and is using an alternate form, was it approved by TCEQ?
14.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your lab report rejected samples to TCEQ?
15.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If your lab collects samples, do those samplers hold valid water operator licenses?
16.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If your lab collects samples, do you have TCEQ Water Supply Division approval to conduct field measurements for disinfectant residual?
17.	What analytical method(s) does your lab use?	
18.	How long (years) does your lab retain testing records?	

Please include a copy of the Microbial Reporting Form (MRF), Positive Result Report Form, and an example of the sample bottle label that your lab is currently utilizing as part of the response with this checklist.