TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Comprehensive Performance Test (CPT) Laboratory Data Report QA/QC Checklist

THIS CHECKLIST MUST BE COMPLETED BY THE IHW PERMITTED FACILITY, and is provided as part of the evaluation process for the data validation and verification of the Comprehensive and Performance Test (CPT) in accordance with 40 CFR Part 63, Subpart EEE. The validation methods and actions discussed in this checklist are based on the requirements set forth in the Test Methods for Evaluating Solid, Physical/Chemical Method SW846, or other US EPA approved methods. Any modification must be approved by US EPA Region 6 in accordance with the regulations. This checklist covers technical problems specific to each fraction and sample matrix; however, situations may arise where data limitations must be assessed based on the reviewer’s professional judgement.

To ensure a thorough evaluation of each result in a data case, the reviewer must complete the checklist by answering specific questions while performing the prescribed ‘ACTIONS” in each section. If entries are lengthy or in a Table form, the reviewer must prepare a detailed data assessment in a separate sheet to be submitted along with the completed checklist. The data assessment must list all deviations and provide discussion on the impact that each deviation had on the analytical results. Submission must also include a complete copy of the CPT Report (a compact disk is acceptable).

Data reviewers must possess a working knowledge of SW846 Analytical Methods, and other US EPA approved methods.

SUBMIT THESE REQUIRED DOCUMENTS TO: TCEQ, Industrial and Hazardous Waste Permits Section – MC-130, P.O. Box 13087, Austin, Texas 78711-3087. If you have questions on how to fill out this checklist, please contact us at (512) 239-6412.

Caution: *This checklist is NOT a substitute for the complete rules and regulations, and is not to be used or interpreted as such. If you have any questions, contact the I&HW Permits Section at (512) 239-6412. A complete description of state rules in 30 Texas Administrative Code (TAC) Chapter 335 is available on the Internet at* [*www.tceq.state.tx.us/rules/indxpdf.html*](http://www.tceq.state.tx.us/rules/indxpdf.html). *Complete federal hazardous waste rules are located in Title 40 Code of Federal Regulations (CFR), Parts 260-299, viewable through the EPA Web site at* [*http://www.ecfr.gov/*](http://www.ecfr.gov/cgi-bin/text-idx?SID=2e604bd9ae1e244a0b418f8ac9d97e52&tpl=/ecfrbrowse/Title40/40tab_02.tpl)*.*

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| Facility Name: | | Permit/SWReg. No.: |
| Address: | | Date of Report:    /  /  Testing Date:    /  /    /  / |
| Unit Type: | |
| **FOR TCEQ USE ONLY** |
| Reviewed by: |
| Approved by: |
| Date Review of Report Completed:    /  / |

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| DEFINITIONS | |
| Acronyms and AbbDeviations  Al -- Aluminum BFB -- bromoflurobenzene Btu/lb -- British thermal units per pound Ca -- Calcium CARB -- California Air Resource Board CB -- calibration blank CCC -- calibration check compound CCV -- continuing calibration verification CEMS -- Continuous Emission Monitoring System CL2 -- chlorine gas CO -- carbon monoxide CO2 -- carbon dioxide  COC -- chain of custody CFR -- Code Of Federal Regulations CPT -- Comprehensive Performance Test Cr6 -- chromium (VI) %D -- percent difference D/F -- dioxins/furan DFTPP -- decafluorotriphenylphosphine DILO -- data in lieu of DRE -- destruction removal efficiency EPA -- Environmental Protection Agency Fe -- Iron GC/MS -- gas chromatography – mass spectrometry HC -- Hydrocarbon HCL/Cl2 -- hydrogen chloride and chlorine gas Hg -- mercury HRA -- hourly rolling average HWC -- hazardous waste combustion ICS -- interference check sample ICV -- initial calibration verification IHW -- industrial and hazardous waste IS -- internal standard HWC -- hazardous waste combustion LOD -- limit of detection LOQ -- limits of quantitation LCS -- laboratory control sample LCSD -- laboratory control sample duplicate  LVM -- low volatility metals | MACT -- Maximum Achievable Control Technology MB -- method blank MDL -- method detection limit Mg -- Magnesium MS -- matrix spike MSD -- matrix spike duplicate MTEC -- maximum theoretical emission concentration NIST -- National Institute of Standards and Technology O2 -- oxygen PAH -- polycyclic aromatic hydrocarbon PCDD -- polychlorinated dibenzo dioxin PCDF -- polychlorinated dibenzo furan PDS -- post digestion spike PFK -- perfluorokerosine PM -- particulate matter POHC(s) -- principal organic hazardous constituent(s) ppm -- parts per million  PQL -- practical quantitation limit QC -- quality control QA -- quality assurance QAPP -- quality assurance project plan RA -- relative accuracy RR -- relative response RL -- reporting limit RPD -- relative percent difference RRF -- relative response factor RRT -- relative retention time RSD -- relative standard deviation RATA -- relative accuracy test audit RT -- retention time SPCC -- system performance check compound SVOST -- semi-volatile organic sampling train TCEQ -- Texas Commission on Environmental Quality SVM -- semi-volatile metals THC -- total hydrocarbon TOE -- total organic emissions ug/dscm -- micrograms per dry standard cubic meter  VOST -- volatile organic sampling train VOA -- volatile organic analysis VOC(s) -- volatile organic compound(s) |

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| PRESERVATION & TECHNICAL HOLDING TIME CRITERIA Refer to [TCEQ QAPP](http://www.tceq.texas.gov/assets/public/permitting/waste/ihw/FY2013_qapp.pdf) ( A7.3, Section B2.4) for preservation and technical holding time data validation criteria. |

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| QAPP QUALITY ASSURANCE/QUALITY CONTROL | | | |
| Quality Control Check | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |

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| 1. Prior to Testing was the [signature page](#_APPENDIX_A) signed off by responsible management staff?  Yes  No | Yes  No |  | Yes  No |
| 2. Prior to testing was the [HWC summary testing table](#_APPENDIX_B) submitted to EPA/TCEQ?  Yes  No | Yes  No  NA |  | Yes  No  NA |
| 3. Prior to testing were all [Method Modifications](#_APPENDIX_C) approved by EPA Region 6?  Yes  No | Yes  No  NA |  | Yes  No  NA |

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| DATA VALIDATION AND VERIFICATION | | | | |
| Section 1.0 HWC WASTE FEED SAMPLES | | | | |
| Parameter: VOLATILE ORGANIC ANALYSIS Method(s):  Laboratory Name:  Address: | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 1.1.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | Yes  No |  | Yes  No |
| 1.1.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.3 Has the GC/MS system hardware been tuned to meet BFB criteria within 12 hours prior to sample analysis?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.4 Is the initial calibration performed with a minimum of 5 concentration levels for each target analyte?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.5 Were samples analyzed within 12 hours of either the initial calibration or the 12-hours standard?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.6 Are the RRTs of each target analyte in each calibration standards agree within 0.06 relative retention time units?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.7 Are the RRFs in the initial calibration for volatile target compounds and surrogates meet the following acceptance criteria: > or = to 0.01 for the “poor performers”, and 0.05 for all other volatile compounds?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.8 Do the average RRFs for the SPCCs in the initial calibration standards meet the QC acceptance criteria?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.9 Are the RRFs for the CCCs within acceptable limits of %RSD?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.10 Has a CCV or 12-hour standard (a.k.a. midpoint calibration standard) been analyzed for every 12 hours of sample analysis?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.11 Do the % D between the initial calibration average RRF and the 12-hours standard continuing calibration RRF meet the following acceptance criteria: +50.0 % for the target volatile compounds & surrogates and +/25.0 % for all other volatile compounds and surrogates ?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.12 Do any CCCs in the CCV have a % D between the 12-hour standard and the initial calibration which exceeds the +/-25% criteria?  Yes  No  Note: The lab may establish their own criteria (e.g., +/-20%) | | Yes  No  NA |  | Yes  No  NA |
| 1.1.13 Is raw data available to determine if the internal standards are within criteria?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.14 Do any internal standard retention times vary by more than +/-30 seconds from the associated 12-hours calibration verification standard?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.15 Are the area counts for internal standards for the sample or blank are within the + 50% of the area for the associated 12-hours standard (CCV)?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.16 Is the MS/MSD recovery data present?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.17 Were the MS/MSD from samples collected for this work?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.18 Is the LCS/LCSD recovery data present for each analytical batch?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.19 Are the surrogate recovery data present for each batch (method and matrix)?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.20 Were method blanks taken through the entire preparation and analytical process?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.21 Has the MDL been established for the proposed analytes, or has the procedure for determining the MDL / or RL been specified?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.22 Were any of the samples diluted? If so, were appropriate calculations made to the MDL/ or RL of the final report?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.23 Were all samples prepared and analyzed within required holding time?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.24 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.1.25 Was a Case Narrative prepared and all deviations noted?  Yes  No  (Note: All strike outs must be annotated and initialed) | | Yes  No  NA |  | Yes  No  NA |

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| 1.1.26 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) |

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| Parameter: SEMI-VOLATILE ORGANIC ANALYSIS Method(s):  Laboratory Name:  Address: | | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 1.2.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | | Yes  No |  | Yes  No |
| 1.2.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.3 Has the GC/MS System hardware been tuned to meet DFTPP tuning criteria within 12 hours prior to sample analysis?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.4 Is the initial calibration performed within a minimum of 5 concentration levels for each target analyte?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.5 Are the RRT of reported compounds in the ICV within +/-0.0.6 RRT for the initial calibration?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.6 Is the %RSD for individual analytes (except CCCs, see question 1.2.7) in the initial calibration below 15%?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.7 Do CCC in the initial calibration standards meet a %RSD of 30% or less?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.8 Has a mid-range continuing calibration standard containing all calibration compounds and surrogates been analyzed for every 12 hours of sample analysis?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.9 Do any CCCs in the CCV have a % D between the 12-hours standard and the initial calibration which exceeds the +/-25% criteria?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.10 Is raw data available to determine if the internal standards are within criteria?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.11 Do any internal standard retention times vary by more than 30 seconds compare to the 12-hours calibration standard?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.12 Are the area counts for internal standards for the sample or blank outside of ±50% of the area for the associated 12-hours standard (CCV)?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.13 Is the MS/MSD recovery data present?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.14 Were the MS and MSD from samples collected for this work order ?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.15 Is the LCS/LCSD recovery data present for each analytical batch?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.16 Are the surrogate recovery data present for each batch (method and matrix)?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.17 Were method blanks taken through the entire preparation and analytical process?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.18 Has the MDL been established for the proposed analytes, or has the procedure for determining the MDL / or RL been specified?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.19 Were any of the samples diluted? If so, were appropriate calculations made to the MDL/ or RL of the final report?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.20 Were all samples prepared and analyzed within required holding time?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.21 Were samples properly preserved according to method and QAPP requirements?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.22 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.23 Was a Case Narrative prepared and all deviations noted?  Yes  No  (Note: All strike outs must be annotated and initialed) | | | Yes  No  NA |  | Yes  No  NA |
| 1.2.24 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | | | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | | | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) | |

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| Parameter: METALS (SVM/LVM) Method(s):  Laboratory Name:  Address: | | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 1.3.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.3 Is the initial calibration performed within a minimum of 5 concentration levels for each target analyte?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.4 Was an ICV, a Calibration Blank, and a CCV analyzed immediately after the initial or daily calibration?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.5 Are concentrations of interfering metals (e.g., Al, Ca, Fe, and Mg) in samples comparable or greater than concentration in the ICS?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.6 Were method blanks taken through the entire preparation and analytical process?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.7 Is the LCS/LCSD recovery data present for each analytical batch?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.8 Is the MS/MSD recovery data present?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.9 Were the MS and MSD from samples collected for this work order ?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.10 Was a post-digestion spike performed?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.11 Were duplicate injection of samples performed?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.12 If samples were re-analyzed (i.e., 2 more injections), do the duplicate injections agree with in 20% RSD?  Yes  No  Note: The lab may establish their own criteria (e.g., +/-20%) | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.13 Was an ICS analyzed at the beginning and end of each analytical run or at a minimum of two every eight hours?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.14 Has the MDL been established for the proposed analytes, or has the procedure for determining the MDL / or RL been specified?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.15 Were any of the samples diluted? If so, were appropriate calculations made to the MDL/ or RL of the final report?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.16 Were all samples prepared and analyzed within required holding time?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.17 Were samples properly preserved according to method and QAPP requirements?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.18 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.19 Was a Case Narrative prepared and all deviations noted?  Yes  No  (Note: All strike outs must be annotated and initialed) | | | Yes  No  NA |  | Yes  No  NA |
| 1.3.20 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | | | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | | | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) | |

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| Parameter: MERCURY Method(s):  Laboratory Name:  Address: | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 1.4.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | Yes  No |  | Yes  No |
| 1.4.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.4.3 Is the initial calibration performed within a minimum of 5 concentration levels for each target analyte?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.4.4 Was an ICV, a CB, and a CCV analyzed immediately after the initial or daily calibration?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.4.5 Were method blanks taken through the entire preparation and analytical process?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.4.6 Is the LCS/LCSD recovery data present for each analytical batch?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.4.7 Is the MS/MSD recovery data present?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.4.8 Were the MS and MSD from samples collected for this work order ?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.4.9 Were duplicate injection of samples performed?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.4.10 If samples were re-analyzed (i.e., 2 more injections), do the duplicate injections agree with in 20% RSD?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.4.11 Has the MDL been established for the proposed analytes, or has the procedure for determining the MDL / or RL been specified?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.4.12 Were any of the samples diluted? If so, were appropriate calculations made to the MDL/ or RL of the final report?  Yes  No  Note: The lab may establish their own criteria (e.g., +/-20%) | | Yes  No  NA |  | Yes  No  NA |
| 1.4.13 Were all samples prepared and analyzed within required holding time?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.4.14 Were samples properly preserved according to method and QAPP requirements?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.4.15 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.4.16 Was a Case Narrative prepared and all deviations noted?  Yes  No  (Note: All strike outs must be annotated and initialed) | | Yes  No  NA |  | Yes  No  NA |

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| 1.4.17 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) |

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| Parameter: ASH Method(s):  Laboratory Name:  Address: | | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 1.5.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | | Yes  No |  | Yes  No |
| 1.5.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.5.3 Have appropriate analytical instrument calibration procedures been specified?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.5.4 Is the LCS/LCSD recovery data present for each analytical batch?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.5.5 Were method blanks taken through the entire preparation and analytical process?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.5.6 Has the MDL been established for the proposed analytes, or has the procedure for determining the MDL / or RL been specified?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.5.7 Were all samples prepared and analyzed within required holding time?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.5.8 Were samples properly preserved according to method and QAPP requirements?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.5.9 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.5.10 Was a Case Narrative prepared and all deviations noted?  Yes  No  (Note: All strike outs must be annotated and initialed) | | | Yes  No  NA |  | Yes  No  NA |
| 1.5.11 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | | | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | | | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) | |

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| Parameter: PHYSICAL AND THERMAL PROPERTIES (VISCOSITY, BTU/LB, SP. GRAVITY) Method(s):  Laboratory Name:  Address: | | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 1.6.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | | Yes  No |  | Yes  No |
| 1.6.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.6.3 Have appropriate analytical instrument calibration procedures and calibration checks been followed as specified for each parameter?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.6.4 Are sampling points clearly identified?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.6.5 Were the proper equation and constant used in calculating the kinematic viscosity followed?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.6.6 Is the LCS/LCSD recovery data present for each analytical batch?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.6.7 Has the MDL been established for the proposed analytes, or has the procedure for determining the MDL / or RL been specified?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.6.8 Were all samples prepared and analyzed within required holding time?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.6.9 Was a Case Narrative prepared and all deviations noted?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 1.6.10 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | | | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | | | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) | |

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| Parameter: TOTAL CHLORINE Method(s):  Laboratory Name:  Address: | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 1.7.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | Yes  No |  | Yes  No |
| 1.7.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.3 Is the initial calibration performed ?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.4 Was a CB, and a CCV analyzed immediately after the initial or daily calibration?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.5 For manual integrated standards, are before/after Chromatograms provided with initials/date reasons?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.6 Was the Calibration Check Standard performed after every initial calibration & before sample analysis?  90% - 110% theoretical concentration  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.7 Were method blanks taken through the entire preparation and analytical process?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.8 Is the LCS/LCSD recovery data present for each analytical batch?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.9 Were the MS and MSD from samples collected for this work order ?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.10 Were duplicates for all standards/blanks/samples performed are within control limits?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.11 Has the MDL been established for the proposed analytes, or has the procedure for determining the MDL / or RL been specified?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.12 Were any of the samples diluted? If so, were appropriate calculations made to the MDL and/or RL of the final report?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.13 Were all samples prepared and analyzed within required holding time?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.14 Were samples properly preserved according to method and QAPP requirements?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.15 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 1.7.16 Was a Case Narrative prepared and all deviations noted?  Yes  No  (Note: All strike outs must be annotated and initialed) | | Yes  No  NA |  | Yes  No  NA |

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| 1.7.17 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) |

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| Section 2.0 DATA VERIFICATION FOR HWC STACK GAS SAMPLES | | | | |
| 2.1 Parameter: VOLATILE ORGANIC ANALYSIS FOR POHCs Method(s):  Laboratory Name:  Address: | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 2.1.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | Yes  No |  | Yes  No |
| 2.1.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.3 Has the GC/MS System hardware been tuned to meet BFP tuning criteria within 12 hours prior to sample analysis?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.4 Was the initial calibration performed with a minimum of 5 concentration levels for each target analyte?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.5 Is the %RSD for individual analytes (except CCCs, see question 2.1.8) in the initial calibration below 15%?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.6 Were manual peak integrations performed?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.7 Are the average RRFs for the SPCCs in the initial calibration standards within acceptable limits?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.8 Are the relative response factors for the CCCs in the initial calibration standards within acceptable limits of %RSD?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.9 Has a CCV or 12-hour standard (a.k.a. midpoint calibration standard) been analyzed for every 12 hours of sample analysis?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.10 Do the % D between the initial calibration average RRF and the 12-hours standard continuing calibration RRF meet the following acceptance criteria: +50.0 % for the target volatile compounds & surrogates and +/25.0 % for all other volatile compounds and surrogates ?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.11 Do the RRFs of the SPCCs (for the target compounds) in the 12-hours standard meet the initial SPCC criteria for each 12-hours shift?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.12 Do any CCCs in the CCV have a % D between the 12-hour standard and the initial calibration which exceeds the +/-25% criteria?  Yes  No  Note: The lab may establish their own criteria (e.g., +/-20%) | | Yes  No  NA |  | Yes  No  NA |
| 2.1.13 Is raw data available to determine if the internal standards are within criteria?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.14 Are the area counts for internal standards for the sample or blank outside of + 50% of the area for the associated 12-hours standard?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.15 Is the LCS/LCSD recovery data present for each analytical batch?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.16 Are the surrogate recovery data present for each batch (method and matrix)?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.17 Is MS/MSD recovery data present?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.18 Were the MS and MSD from samples collected for this work order ?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.19 Was a condensate analysis performed?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.20 Was a separate analysis for a breakthrough front and back traps performed?  (Each sample pair analyzed)  Tenax/Charcoal trap <30% of Tenax trap (NA if < 75 ng of POH on back trap)  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.21 Do any method/ field/trip/lab blanks have any positive results for any target analytes?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.22 Were method blanks taken through the entire preparation and analytical process?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.23 Has the MDL been established for the proposed analytes, or has the procedure for determining the MDL / or RL been specified?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.24 Were any of the samples diluted? If so, were appropriate calculations made to the MDL/ or RL of the final report?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.25 Were all samples prepared and analyzed within required holding time?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.26 Were samples properly preserved according to method and QAPP requirements?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.27 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.1.28 Was a Case Narrative prepared and all deviations noted?  Yes  No | | Yes  No  NA |  | Yes  No  NA |

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| 2.1.29 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) |

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| 2.2 Parameter: SEMI-VOLATILE ORGANIC ANALYSIS Method(s):  Laboratory Name:  Address: | | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 2.2.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | | Yes  No |  | Yes  No |
| 2.2.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.3 Has the GC/MS System hardware been tuned to meet DFTPP or PFK (for CARB 429) tuning criteria within 12 hours prior to sample analysis?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.4 Is the initial calibration performed with a minimum of 5 concentration levels for each target analyte?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.5 Is the % RSD for individual analytes (except CCCs, see question 2.2.9) in initial calibration below %15?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.6 Are the RRT of reported compounds in the ICV within +/-0.0.6 RRT units (minutes) of the RRT for the initial calibration?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.7 Do CCCs in the initial calibration standards meet a % RSD of 30% or less?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.8 Has a mid-range continuing calibration standard containing all calibration compounds and surrogates been analyzed for every 12 hours of sample analysis?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.9 Do any CCCs in the CCV have a % D between the 12-hours standards and the initial calibration which exceeds the +/-25% criteria?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.10 Is raw data available to determine if the internal standards are within criteria?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.11 Do any internal standard retention times vary by more than 30 seconds compare to the 12-hours calibration standard?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.12 Are the area counts for internal standards for the sample or blanks are within the QC limit?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.13 Is the MS/MSD recovery data present?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.14 Were the MS and MSD from samples collected for this work order?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.15 Is the LCS/LCSD recovery data present for each analytical batch?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.16 Are the surrogate recovery data present for each batch (method and matrix)?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.17 Were method blanks taken through the entire preparation and analytical process?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.18 Do any field/ trip/rinsate blanks have any positive results for any semi-volatile target analytes?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.19 Has the MDL been established for the proposed analytes, or has the procedure for determining the MDL / or RL been specified?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.20 Were any of the samples diluted? If so, were appropriate calculations made to the MDL/or RL of the final report?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.21 Were all samples prepared and analyzed within required holding time?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.22 Were samples properly preserved according to method and QAPP requirements?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.23 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.24 Was a Case Narrative prepared and all deviations noted?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.25 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | | | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | | | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) | |

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| 2.3 Parameter: CHLORINATE-DIOXIN/FURAN (PCDD/PCDF) Method(s):  Laboratory Name:  Address: | | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 2.3.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | | Yes  No |  | Yes  No |
| 2.3.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.3 Is PFK data present and tuned performed at required frequency?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.4 Was initial calibration performed with a minimum of 5 concentration levels for each target analyte?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.5 Is raw data available to determine if all standards (internal and alternate) are within criteria?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.6 Is RR/RRF present for each target analyte and each labeled compound for each calibration standard?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.7 Is the Ion Abundance Ratio present for each target analyte, labeled compound, and internal standards?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.8 Was CCV performed at the beginning and end of each 12 hour shift?  RFs within +20% of initial RFs for unlabeled standards (+30% for labeled)  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.9 Is [RR/RRF, Mean RR/RRF, %D, Ion Ratio] for the continuing calibration summary present for each target analyte, labeled compound, clean-up standard, and Internal Standard?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.10 Are the RRT and RT for the continuing calibration retention time present for each target analyte and labeled compound, and the RT present for the clean-up and Internal Standards?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.11 Is the MS/ MSD recovery data present?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.12 Were the MS and MSD from samples collected for this work order ?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.13 Are the surrogate recovery data present for each batch (method and matrix)?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.14 Were method blanks taken through the entire preparation and analytical process?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.15 Is the LCS/LCSD recovery data present for each analytical batch?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.16 Were any field/ trip/reagent/proof /spike blank analyses performed?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.17 Has the MDL been established for the proposed analytes, or has the procedure for determining the MDL / or RL been specified?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.18 Were any of the samples diluted? If so, were appropriate calculations made to the MDL and/or RL of the final report?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.19 Were all samples prepared and analyzed within required holding time?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.20 Were samples properly preserved according to method and QAPP requirements?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.21 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.22 Was a Case Narrative prepared and all deviations noted?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.3.23 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | | | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | | | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) | |

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| 2.4 Parameter: METALS (SVM/LVM) Method(s):  Laboratory Name:  Address: | | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 2.4.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | | Yes  No |  | Yes  No |
| 2.4.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.3 Were initial calibrations performed?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.4 Was an ICV, a CB, and a CCV analyzed immediately after the initial or daily calibration?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.5 Was an ICS analyzed at the beginning and end of each analytical run or at a minimum of two every eight hours?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.6 Are concentrations of interfering metals (e.g., Al, Ca, Fe, and Mg) in samples comparable or greater than concentration in the ICS?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.7 Were method blanks taken through the entire preparation and analytical process?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.8 Were any field/ reagent blank analyses performed?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.9 Is the LCS/LCSD recovery data present for each analytical batch?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.10 Is the MS/MSD recovery data present?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.11 Were the MS and MSD from samples collected for this work order?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.12 Was a post-digestion spike performed?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.13 Were duplicate injection of samples performed and if so, were duplicates within + 20% RPD for samples with concentration above detection limit?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.14 Were samples re-analyzed (i.e., 2 more injections), and duplicate injections agree with in 20% RSD?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.15 Has the MDL been established for the proposed analytes, or has the procedure for determining the MDL / or RL been specified?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.16 Were any of the samples diluted? If so, were appropriate calculations made to the MDL and/or RL of the final report?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.17 Were all samples prepared and analyzed within required holding time?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.18 Were samples properly preserved according to method and QAPP requirements?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.19 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.20 Was a Case Narrative prepared and all deviations noted?  Yes  No  (Note: All strike outs must be annotated and initialed) | | | Yes  No  NA |  | Yes  No  NA |
| 2.4.21 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | | | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | | | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) | |

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| .5 Parameter: MERCURY Method(s):  Laboratory Name:  Address: | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 2.5.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | Yes  No |  | Yes  No |
| 2.5.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.3 Is the initial calibration performed within a minimum of 5 concentration levels for each target analyte?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.4 Was an ICV, a CB, and a CCV analyzed immediately after the initial or daily calibration?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.5 Were method blanks taken through the entire preparation and analytical process?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.6 Were any field/ reagent blank analyses performed?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.7 Is the LCS/LCSD recovery data present for each analytical batch?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.8 Is the MS/MSD recovery data present?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.9 Were the MS and MSD from samples collected for this work order?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.10 Was a post-digestion spikes performed?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.11 Were duplicate injections of samples performed and if so, were duplicates within + 20% RPD for samples with concentration above detection limit?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.12 Were samples re-analyzed (i.e., 2 more injections), and the duplicate injections agree with in 20% RSD?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.13 Has the MDL been established for the proposed analytes, or has the procedure for determining the MDL / or RL been specified?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.14 Were any of the samples diluted? If so, were appropriate calculations made to the MDL and/or RL of the final report?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.15 Were all samples prepared and analyzed within required holding time?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.16 Were samples properly preserved according to method and QAPP requirements?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.17 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.5.18 Was a Case Narrative prepared and all deviations noted?  Yes  No  (Note: All strike outs must be annotated and initialed) | | Yes  No  NA |  | Yes  No  NA |

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| 2.5.19 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2.6 Parameter: CHROMIUM (VI) Method(s):  Laboratory Name:  Address: | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 2.6.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | Yes  No |  | Yes  No |
| 2.6.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.3 Was the sample train calibrated according to the procedures described in the method?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.4 Were Cr6 emissions collected isokinetically from the source?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.5 Was a leak check performed during the sampling run?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.6 Were any field/ reagent blank analyses performed?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.7 Is method/prep blank summary data present for each batch (generally separated by method and matrix)?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.8 Were interferences check in the sample matrix (ces) analyzed according to the procedures found in the method (See method 0061, Section 3.0)?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.9 Is the MS/MSD recovery data present?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.10 Were the MS and MSD from samples collected for this work order?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.11 Were duplicates for all standards/blanks/samples performed?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.12 Has the MDL been established for the proposed analytes, or has the procedure for determining the DL / or RL been specified?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.13 Were any of the samples diluted? If so, were appropriate calculations made to the MDL and/or RL of the final report?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.14 Were all samples prepared and analyzed within required holding time?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.15 Were samples properly preserved according to method and QAPP requirements?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.16 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | Yes  No  NA |  | Yes  No  NA |
| 2.6.17 Was a Case Narrative prepared and all deviations noted?  Yes  No  (Note: All strike outs must be annotated and initialed) | | Yes  No  NA |  | Yes  No  NA |

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| 2.6.18 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) |

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| --- | --- | --- | --- | --- | --- |
| 2.7 Parameter: HCL/CL2 Method(s):  Laboratory Name:  Address: | | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 2.7.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | | Yes  No |  | Yes  No |
| 2.7.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.7.3 Is the initial calibration performed?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.7.4 Was a CB and a CCV analyzed immediately after the initial or daily calibration?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.7.6 Was a leak check performed during the sampling run?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.7.7 Were method blanks taken through the entire preparation and analytical process?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.1.7 Are the average RRFs for the SPCCs in the initial calibration standards within acceptable limits?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.7.8 Is the LCS/LCSD recovery data present for each analytical batch?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.7.9 Were the matrix spike from samples collected for this work order ?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.7.10 Were duplicates for all calibration standards/blanks/samples performed?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.7.11 Were any field/ reagent blank analyses performed?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.7.12 Has the MDL been established for the proposed analytes, or has the procedure for determining the MDL / or RL been specified?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.7.13 Were any of the samples diluted? If so, were appropriate calculations made to the MDL/or RL of the final report?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.7.14 Were all samples prepared and analyzed within required holding time?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.7.15 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.7.16 Was a Case Narrative prepared and all deviations noted?  Yes  No  (Note: All strike outs must be annotated and initialed) | | | Yes  No  NA |  | Yes  No  NA |
| 2.8.17 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | | | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | | | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) | |

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| --- | --- | --- | --- | --- | --- |
| 2.8 Parameter: PARTICULATE MATTER (PM) Method(s):  Laboratory Name:  Address: | | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 2.8.1 Were laboratory analyses performed for this parameter?  (If “No,” then STOP here and go to the next parameter)  Yes  No | | | Yes  No |  | Yes  No |
| 2.8.2 Were laboratory analyses performed by a laboratory accredited by TCEQ, whose accreditation included the matrix(ces), methods, and parameters associated with the data?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.8.3 Was the analytical balance calibration performed using either a NIST standard weight or other company’s standard weight?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.8.4 Was isokinetic sampling maintain an acceptable isokinetic rate throughout the sample run per Sections 8.5 and 8.6 of the Method?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.8.5 Were temperature around the probe, filters (and cyclone, if used) maintained?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.8.6 Was a leak check performed during the sampling run?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.8.7 Were all the filter samples meet the weighing requirements described in the Method?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.8.8 Were any field/ reagent blank analyses performed?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.8.9 Were all samples prepared and analyzed within required holding time?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.8.10 Are COC forms (signed/dated/timed) present for all samples?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.8.11 Was a Case Narrative prepared and all deviations noted?  Yes  No  (Note: All strike outs must be annotated and initialed) | | | Yes  No  NA |  | Yes  No  NA |
| 2.8.12 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | | | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | | | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) | |

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| --- | --- | --- | --- | --- | --- |
| 2.9 Parameter: OXYGEN (02), CARBON MONOXIDE (CO), CARBON DIOXIDE (C02) AND TOTAL HYDROCARBONS Method(s):  Laboratory Name:  Address: | | Date of Sample Collection:  Date of Extraction:  Date of Analysis: | | | |
| Quality Control Check | | | Data Validation Meet QC Criteria | Location of Information  (Section/Tab/and Page(s)) | FOR TCEQ USE ONLY  (Technically Complete) |
| 2.9.1 Is there a written QA/QC plan (it may be stored electronically but should be available), when was it last updated?  Yes  No | | | Yes  No |  | Yes  No |
| 2.9.2 Are calibration (i.e., drift, error) tests performed for each parameter?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.9.3 Was RA test conducted for each parameter?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.9.4 Prior to the start of the RA, was the reference method data acquisition & handling system were synced to minutes?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.9.5 Were any pre-RATA adjustments made to the CEMS?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.9.6 Was the response time test performed and recorded?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.9.7 Was an Interference Check performed ?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.9.8 Was CO emission standard of 100 ppm HRA, dry basis corrected to 7% oxygen?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.9.9 Prior to sampling, was a stratification performed and passed?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.9.10 Was HC emission standard of 10 ppm HRA, dry basis, corrected to 7% oxygen?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.9.11 Was a Case Narrative prepared and all deviations noted?  Yes  No | | | Yes  No  NA |  | Yes  No  NA |
| 2.2.12 CASE NARRATIVE - If entries are lengthy or in a Table form, (1) refer in the checklist to a specific section of the reference or (2) use a separate sheet to document the information, indicate “See attachment No.”, and attach the sheet to the checklist. Assign a number to each attachment and indicate the identifier in the space on the checklist. | | | | | |
| Reference (i.e., Section 2.7.) | Deviation/Exception (reference deviation from what is in CPT/QAPP & etc.) | | | Corrective Action (Provide discussion on the impact that each  deviation had on the analytical results) | |

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| ACKNOWLEDGEMENT |
| To the best of my knowledge, the responses to this checklist accurately reflect all information requested concerning the validity of the data. The Comprehensive Performance Test Laboratory Data Report QA/QC checklist hereby submitted for TCEQ review and approval.  Name of Facility QA/QC Reviewer:  Date of Review:  Signature of Facility QA/QC Reviewer:  Contact Phone No.:  Approved by: |

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#### APPENDIX A

A signature page needs to be placed in front of the QAPP (see example below) . Make sure all designated key project organizational managers and coordinators has **signatures**, signatures lines and dates completed before final approval for testing. A signature line for the lab is also needed, and also make sure there is a signature line for each designated responsible Laboratory Persons (i.e. Lab Owner, President or QA/QC Manager) representing **each** **Laboratory** that performs **each** of the **different analytical tests**.

Very Important! Please read and understand the two footnotes prior to signing the signature page.

Generic Example of the Quality Assurance Project Plan Signature Page for Approvals and Distribution:

Title Page

Project Title  
(Enter QAPP Title)

Expected Comprehensive Performance Test (CPT)   
(Enter Dates)

Project Approvals and Distribution

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Name of Key Project Organizational Managers]

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Name of Project Coordinator]

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Name of QA/QC Coordinator]

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Name of Specified Laboratory QA/QC Manager]

Dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date

**Note:** 1) The individuals listed above have received, read, and agreed to the appropriate information pertaining to their project responsibilities listed and provided in this QAPP.

**Note:** 2) The individuals listed above agree that no testing methods to be used in the upcoming plan testing event have been modified. If modifications are planned please identify and explain all sampling and analytical specific method modifications in your designated testing submittal plan. Also, a formal letter should be addressed to EPA Region 6 Kishor Fruitwala PhD, P.E. requesting an approval for the method modification (s) with justification for each method modification as well as a predetermined statement if the modification is felt to be a minor, intermediate or major modification.

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#### APPENDIX B

A Hazardous Waste Combustion Summary Testing Table format is to be filled out by the appropriate facility contact person on each unit for their upcoming CPT/Testing Event according to the Column Nos. 1 - 11 and listed Footnotes 1 – 6 which an example format is provided below:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COLUMN NO.: | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Unit Name1 | Regulatory Requirements MACT, RCRA etc. 2  (Specify Reg. No.) | Sampling & Analytical Parameters/ Method Numbers | MACT Emission Standard  (numerical limit or range)/ or RCRA Permit Limit 3  or both | MTEC4 (Yes or No) | MHWTC5 (Yes or No) | Data in Lieu of  (Yes or No) | Test Condition: 16 | Test Condition: 26 | Test Location  Waste Feed (WF)/  Stack Gas (SG) | Purpose of Testing/Comments  Any Modifications? (Yes or No)  Any Risk Testing? (Yes or No) |
|  |  |  |  |  |  |  |  |  |  |  |
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**Key: Place an “X” in the designated proposed testing condition (s) in Column Nos. 8 & 9.**

1 Specify name of boiler/industrial boiler/incinerator etc. which will be used during the CPT.

2 Provide the acronym to signify the appropriate regulation requirement.

3 Provide RCRA permit limits if established (please reference if not listed in this table where they are located in the plan).

4  MTEC -- Maximum Theoretical Emissions Concentrations

5 MHWTC -- Maximum Hazardous Waste Thermal Concentrations.

6  Briefly summarize each Test Condition as a footnote.

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#### APPENDIX C

If the facility decides to propose a modification to a method, it needs to be fully explained for all sampling and a request for this method modification approval is required. Approval for method modifications should be requested in a separate letter as well as in the submittal plan (either a CPT or a RCRA Trial Burn Plan). If the proposed modification is a major, intermediate , or a minor modification, the request approval letter should be addressed to:

U.S. EPA Region 6  
1445 Ross Ave. Suite 1200  
Mail Code 6PD-A  
Dallas, Texas 75202

Attention: Kishor Fruitwala, Ph.D., P.E.,

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