

FIELD PARAMETER ON-SITE INSPECTION CHECKLIST

Laboratory Name _____ Cert # _____

Lab Contact _____

Inspector(s) _____

INSPECTION TYPE

Initial
 Maintenance
 Follow-up
 Abbreviated
 Requested

LABORATORY CLASSIFICATION

Commercial
 Industrial
 Municipal
 Other _____

Performed on Per Fee Basis? Yes No

COMPLIANCE PROGRAMS

NC compliance data analyzed and reported? Yes No

NPDES
 Groundwater
 UST
 Land Application
 Pretreatment
 Other _____

NPDES Permit #(s) _____

PARAMETERS

pH
 Temperature
 Settleable Solids
 Dissolved Oxygen
 Conductivity
 Total Residual Chlorine

ENTRANCE REMARKS

CPL Verified
 Laboratory / Contact Information Verified

Analyses performed by other NC certified labs? Yes No

List _____

QUALITY CONTROL

Are automatic pipettors used? (calibration only required for critical measurements like TRC standards, not liquid DPD) Yes No

If Field lab, are they calibrated every 12 months? Yes No

If Non-Field lab, are they calibrated every 6 months? Yes No

Are error corrections made properly? Yes No

Are manufacturer expiration dates observed? Yes No

Does the lab have a documented system of traceability for all chemicals, reagents, standards and consumables that meets NC WW/GW LC policy requirements? Yes No

Is a best effort made to perform analyses in a manner and location where sources of contamination or error will not be introduced (e.g. dirty work area, weather conditions, dirty cuvettes, etc.)? Yes No

Are original records maintained? (first place documentation occurs) Yes No

COMMENTS

Do any Findings require a Notice of Finding for Immediate Response (NOFIR)? Yes No

Inspector's Signature _____ Date _____

DISSOLVED OXYGEN

Approved Procedure On File Yes No

Meter Type(s) _____

DOCUMENTATION

COMMENTS

Indelible Ink Used	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Analyzed In-Situ/ On Site	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Analysis - Date	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Analysis - Time	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Collection - Date *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Collection - Time *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Facility Name	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Sample Site	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Analyst's Initials	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Meter Calibration	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Meter Calibration Time	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Temperature *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Barometric Pressure *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Elevation *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Salinity *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
% Saturation *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
True Value of Post Analysis Check *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Value Obtained for Post Analysis Check *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Reported in mg/L	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Instrument Identification/ SN	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Parameter Analyzed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Data Qualifier(s) *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Equipment Maintenance Log (Recommended)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Condition of Probe/Well	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/> Poor _____
Is an LDO probe used?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Is the LDO probe calibrated or verified each day of use?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

COMMENTS

TOTAL RESIDUAL CHLORINE

DPD

Approved Procedure On File Yes No Meter Type(s) _____
 Program # (may also note wavelength) _____

DOCUMENTATION

Indelible Ink Used	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Value Obtained for Check Std	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Analyzed In-Situ/ On Site	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Value Obtained for Reagent Blank *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Analysis - Date	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Reported in mg/L or µg/L	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Analysis - Time	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	TV of Post Analysis Check Standard *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Collection - Date *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Value Obtained for Post Analysis Check Standard *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Collection - Time *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Facility Name	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Traceability of consumables	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Sample Site	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Instrument ID	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Analyst's Initials	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Parameter Analyzed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Meter Calibration	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Data Qualifier(s) *	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Meter Calibration Time	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Equipment Maint. Log (Recommended)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
TV of Cal/ Cal Verification Stds	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Condition of Cells:	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
TV of Daily Check Std	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							

STANDARDS

Option 1 Three-point calibration that brackets sample range (each day of use). May not be Gel Standards.

Conc. 1 _____ Conc. 2 _____ Conc. 3 _____ 2nd Source Chk Std _____

Option 2 Five-point calibration, CCV with each use. Curve Established or verified at least every 12 months.

Date Curve Created or Verified _____

True Values Conc. 1 _____ Conc. 2 _____ Conc. 3 _____ Conc. 4 _____ Conc. 5 _____

Observed Values Conc. 1 _____ Conc. 2 _____ Conc. 3 _____ Conc. 4 _____ Conc. 5 _____

Is the curve acceptable? (< 50 µg/L = ± 25% of true value, ≥ 50 µg/L = + 10%) Yes No

CCV value: _____ CCV (Mid-range) acceptance criteria: ± 10% True Value

BLANKS

Is the meter properly zeroed? Yes No _____

If standards are prepared with reagent water, then is a reagent blank analyzed? Yes No _____

If so, is the reagent blank <50% of the established PQL? Yes No _____

MATERIALS

Aqueous/Gel/Sealed Standards _____ Initial Verification Yes No Date _____

Exp. Date _____ Annual Verification Yes No Date _____

Lot # /ID _____ Verified to Specific Meter: _____

DPD Total Cl Powder Exp. Date _____ Buffer Total Cl Liquid Exp. Date _____

DPD Total Cl Liquid Exp. Date _____ Potassium Permanganate Exp. Date _____

COMMENTS

pH

Approved Procedure On File	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Meter Type(s)	
Calibration Buffers	1	2	3*	Check Buffer **
Buffer Exp. Date	4	7	10	Other: <4 or >10
Buffer Lot #s/IDs	4	7	10	Other: <4 or >10

DOCUMENTATION

COMMENTS

Indelible Ink Used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Analyzed In-Situ/ On Site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Analysis - Date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Analysis - Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Collection - Date *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Collection - Time *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Facility Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sample Site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Analyst's Initials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Meter Calibration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Meter Calibration Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TV of Calibration Buffers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TV of Check Standard Buffer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Value Obtained for Check Standard Buffer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Buffer check acceptance criteria is + 0.1 units.
TV of Post Analysis Check Standard Buffer *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Value Obtained for Post Analysis Check Buffer *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Reported to 0.1 pH s.u.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Reported as S.U.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Traceability of consumables	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Instrument ID	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Parameter Analyzed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Data Qualifier(s) *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Equipment Maint. Log (Recommended)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Probe rinsed between readings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

9045D - water < 20% of total volume / **9040C** - water > 20% of total volume

Meter Calibration Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is an adequate sample of slurry prepared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List buffers used (Need 12.45 or 13 buffer for VAR options 6 and 12) 					
Collection & Analysis Time(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the temperature correction applied per Vector	<input type="checkbox"/> Yes	<input type="checkbox"/> No
***15 minute hold time met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attraction Reduction (VAR) option 6?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMENTS

** If calibrated with 3 buffers check is still required. *** Changed from 24 hours to 15 minutes in SW-846 Update IV.

CONDUCTIVITY

Approved Procedure On File Yes No
 Meter Calibrated Yes No

Meter Type(s) _____

*Calibration with one standard and analysis one Q.C. standard is acceptable.

KCl Cal Std Conc _____

KCl QC Check Std Conc _____

KCl Cal Std Lot#/ID _____

KCl QC Check Std Lot#/ID _____

QC Check Standard \pm 10% Yes No

It is recommended that the meter be calibrated or checked in the expected sample concentration range(s).

DOCUMENTATION

COMMENTS

Indelible Ink Used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Analyzed In-Situ/ On Site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Analysis - Date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Analysis - Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Collection - Date *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Collection - Time *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Facility Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Sample Site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Analyst's Initials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Meter Calibration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Meter Calibration Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
TV of Cal Standard	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
TV of Cal Check Standard	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Value Obtained for Check Standard	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
TV of Post Analysis Check Standard *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Value Obtained for Post Analysis Check Standard *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Reported as μ mhos/cm or μ S	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Traceability of consumables	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Instrument ID	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Parameter Analyzed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Data Qualifier(s) *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Equipment Maint. Log (Recommended)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Does the meter have ATC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Does the meter have Auto Cell Constant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Automatic Temperature Compensator (ATC) Checked Annually	Date _____ <input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

If the meter does not have ATC and/or ACC how are the temperatures and cell constants factored? _____

COMMENTS

