

MassDEP Analytical Protocol Certification Form

Laboratory Name: _____

Project #: _____

Project Location: _____

RTN: _____

This Form provides certifications for the following data set: list Laboratory Sample ID Number(s):

Matrices: Groundwater/Surface Water Soil/Sediment Drinking Water Air Other:

CAM Protocol (check all that apply below):

8260 VOC CAM II A <input type="checkbox"/>	7470/7471 Hg CAM III B <input type="checkbox"/>	MassDEP VPH (GC/PID/FID) CAM IV A <input type="checkbox"/>	8082 PCB CAM V A <input type="checkbox"/>	9014 Total Cyanide/PAC CAM VI A <input type="checkbox"/>	6860 Perchlorate CAM VIII B <input type="checkbox"/>
8270 SVOC CAM II B <input type="checkbox"/>	7010 Metals CAM III C <input type="checkbox"/>	MassDEP VPH (GC/MS) CAM IV C <input type="checkbox"/>	8081 Pesticides CAM V B <input type="checkbox"/>	7196 Hex Cr CAM VI B <input type="checkbox"/>	MassDEP APH CAM IX A <input type="checkbox"/>
6010 Metals CAM III A <input type="checkbox"/>	6020 Metals CAM III D <input type="checkbox"/>	MassDEP EPH CAM IV B <input type="checkbox"/>	8151 Herbicides CAM V C <input type="checkbox"/>	8330 Explosives CAM VIII A <input type="checkbox"/>	TO-15 VOC CAM IX B <input type="checkbox"/>

Affirmative Responses to Questions A through F are required for "Presumptive Certainty" status

A	Were all samples received in a condition consistent with those described on the Chain-of-Custody, properly preserved (including temperature) in the field or laboratory, and prepared/analyzed within method holding times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	Were the analytical method(s) and all associated QC requirements specified in the selected CAM protocol(s) followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	Were all required corrective actions and analytical response actions specified in the selected CAM protocol(s) implemented for all identified performance standard non-conformances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D	Does the laboratory report comply with all the reporting requirements specified in CAM VII A, "Quality Assurance and Quality Control Guidelines for the Acquisition and Reporting of Analytical Data"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E	VPH, EPH, APH, and TO-15 only a. VPH, EPH, and APH Methods only: Was each method conducted without significant modification(s)? (Refer to the individual method(s) for a list of significant modifications). b. APH and TO-15 Methods only: Was the complete analyte list reported for each method?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
F	Were all applicable CAM protocol QC and performance standard non-conformances identified and evaluated in a laboratory narrative (including all "No" responses to Questions A through E)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Responses to Questions G, H and I below are required for "Presumptive Certainty" status

G	Were the reporting limits at or below all CAM reporting limits specified in the selected CAM protocol(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
----------	---	---

Data User Note: Data that achieve "Presumptive Certainty" status may not necessarily meet the data usability and representativeness requirements described in 310 CMR 40. 1056 (2)(k) and WSC-07-350.

H	Were all QC performance standards specified in the CAM protocol(s) achieved?	<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
I	Were results reported for the complete analyte list specified in the selected CAM protocol(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No ¹

¹All negative responses must be addressed in an attached laboratory narrative.

I, the undersigned, attest under the pains and penalties of perjury that, based upon my personal inquiry of those responsible for obtaining the information, the material contained in this analytical report is, to the best of my knowledge and belief, is accurate and complete.

Signature: _____

Position: _____

Printed Name: _____

Date: _____