

State Fiscal Year 2022
New Jersey Department of Environmental Protection
Office of Quality Assurance

APPLICATION FOR CERTIFICATION OF ENVIRONMENTAL MEASUREMENTS

Part II

Personnel

1. Name of Laboratory or Facility: _____
2. New Jersey Certification ID# (if issued): _____
3. Name of Lab Manager: _____
 Telephone #: () _____
4. Name of QA Officer: _____
 Telephone #: () _____
5. Print the name of supervisor(s)/technical manager(s) next to the category supervised:
 (Personnel must meet the requirements as specified in N.J.A.C. 7:18-2.10 for ELCP or TNI Standard Section 5.2.6.1)

| Name of Supervisor / Technical Manager | Category Supervised ¹ | Telephone # |
|---|---|-------------|
| | Microbiological, Parasitology & Molecular Microbiology. DW01-DW02, NPW01-NPW02 or SCM01 | |
| | Chemical Testing - Inorganic, Characteristics of Hazardous Waste & Physical Analyses. DW03, NPW03, SCM02-SCM03, AE01 or BT01 | |
| | Analyze- Immediately & Continuous Monitoring DW04 or NPW04 Turbidity & Residue-Settleable Solids- DW03 or NPW03 | |
| | Asbestos Testing DW05, NPW05, SCM04, AE03 | |
| | Chemical Testing-Metals-ICP, ICP/MS, DCP DW06-DW07, NPW06-NPW08, SCM05-SCM07, AE02, & BT02-BT04 | |
| | Chemical Testing (organic) DW08-DW09, NPW09-NPW11, SCM08-SCM11, AE04 or BT05-BT07 | |
| | Chemical Testing (inorganic & organic) CLP-1-CPL-6 | |
| | Radiochemical Testing DW10-DW11, NPW13-NPW14, SCM12 or AE05 | |
| | Radon/Radon Progeny-in-Air Testing AE08 | |
| | Toxicity Testing NPW12 | |

¹Refer to Part III of the application for a listing of the parameters within each category

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Note: For ELCP application, if the company is only applying for Chemical Testing in analyze-immediately categories DW04 and NPW04 for residual chlorine, chlorine dioxide, residual ozone, dissolved oxygen with probe, sulfite, temperature, pH, PWTa sampling parameters and/or categories DW03 & NPW03 for turbidity and residue-settleable, the supervisor/technical manager shall have had at least three months of experience performing these tests. A degree/transcript is not required.

Information requested in 6A and B below must be submitted for each supervisor / technical manager. If there is more than one supervisor/technical manager, 6A and B below should be copied, completed and included with the application for each supervisor/technical manager.

6. Name of Supervisor / Technical Manager (from #5): _____

A. Educational Information (complete if applicable)

INCLUDE YOUR TRANSCRIPT WITH THIS APPLICATION (see note above)

| Name & Address of College or University | Dates Attended | | Major | Minor | Credit Hrs. | Degree ¹ and Date |
|---|----------------|----|-------|-------|-------------|------------------------------|
| | From | To | | | | |
| | | | | | | |
| | | | | | | |

¹If the degree was granted by a foreign college or university, attach a copy of the evaluation of the transcript by the World Educational Service, Inc., 64 Beaver St. ST # 146, New York, NY 10004 Telephone Number (212) 966-6311

B. Employment Record - For the Supervisor/Technical Manager listed in 6 above, describe each position in which s/he has been employed, stressing years experience in the supervised category of certification sought by the company.

| | | | |
|---|--|--|--|
| Name & Address of Employer (present position) | | Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet | |
| Title of Position | | | |
| Dates of Employment (mo./yr.) From / To / | Total Time Employed Yrs. Mos. | | |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | If Part Time, Give Number of Hrs. Worked Per Week _____ | | |
| Name & Address of Employer | | Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet | |
| Title of Position | | | |
| Dates of Employment (mo.&yr.) From / To / | Total Time Employed Yrs. Mos. | | |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | If Part Time, Give Number of Hrs. Worked Per Week _____ | | |

Note: Information requested in 7A and B below must be submitted for each QA officer for an ELCP application. If the person designated as the QA officer is listed in “6” above, you need not complete A and B below. However, you must list the name of the QA officer on line “7” below. If there is more than one QA officer, 7A and B below should be copied, completed and included with the application for each additional QA officer.

For a company that is certified or seeks to be certified in any of Categories CLP-1,-2,-4 and -5, the QA officer shall be qualified to perform the analyses under the CLP categories of analysis. For all other Categories, the QA officer shall meet the applicable requirements of a supervisor in N.J.A.C. 7:18-2.10(b).

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7. Name of Quality Assurance (QA) Officer (from #4): _____

A. Educational Information for Quality Assurance Officer (complete if applicable)

INCLUDE YOUR TRANSCRIPT WITH THIS APPLICATION

| Name & Address of College or University | Dates Attended From | To | Major | Minor | Credit Hrs. | Degree ¹ and Date |
|---|------------------------|----|-------|-------|-------------|---------------------------------|
| | | | | | | |
| | | | | | | |

¹If the degree was granted by a foreign college or university, attach a copy of the evaluation of the transcript by the World Educational Service, Inc., 64 Beaver St. ST # 146, New York, NY 10004 Telephone Number (212) 966-6311

B. Employment Record - For the QA officer listed in "7" above, describe each position in which s/he has been employed, stressing experience in meeting the QA officer requirements in the category of certification sought by the company.

| | | | |
|---|--|--|--|
| Name & Address of Employer (present position) | | Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet | |
| Title of Position | | | |
| Dates of Employment (mo./yr.) From / To / | | Total Time Employed Yrs. Mos. | |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | If Part Time, Give Number of Hrs. Worked Per Week _____ | |
| Name & Address of Employer | | Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet | |
| Title of Position | | | |
| Dates of Employment (mo.&yr.) From / To / | | Total Time Employed Yrs. Mos. | |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | If Part Time, Give Number of Hrs. Worked Per Week _____ | |

8. Print the name of the Principal Analyst below. (Personnel must meet the requirements of the approved methods)

Name of Principal Analyst: _____

9. Print the name of the operator(s) next to the instrument operated for the following areas of testing. (Personnel must meet the requirements as specified in N.J.A.C. 7:18- 2.10 for ELCP)

| Name of Operator(s) | Instrument | Personnel Requirement Reference |
|---------------------|------------|---------------------------------|
| | ICP/MS | N.J.A.C. 7:18-2.10(b)5 |
| | TEM | N.J.A.C. 7:18-2.10(b)6 |
| | GC/MS | N.J.A.C. 7:18-2.10(b)8 |
| | LC/MS | N.J.A.C. 7:18-2.10(b)8 |

Note: Information requested in 10A, B and C below must be submitted for each instrument operator listed in 9 above. If there is more than one instrument operator, 10A, B and C below should be copied, completed and included with the application for each additional operator.

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10. Name of Instrument Operator listed in 9 above _____

A. Educational Information (complete if applicable)

INCLUDE YOUR TRANSCRIPT WITH THIS APPLICATION

| Name & Address of College or University | Dates Attended From | To | Major | Minor | Credit Hrs. | Degree ¹ and Date |
|---|------------------------|----|-------|-------|-------------|---------------------------------|
| | | | | | | |
| | | | | | | |

¹If the degree was granted by a foreign college or university, attach a copy of the evaluation of the transcript by the World Educational Service, Inc., 64 Beaver St. ST # 146, New York, NY 10004 Telephone Number (212) 966-6311

B. Employment Record - For the instrument operator listed in "9" above, describe each position in which s/he has been employed, stressing experience in the instrument operated.

| | | |
|---|--|--|
| Name & Address of Employer (present position) | Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet | |
| Title of Position | | |
| Dates of Employment (mo./yr.) From / To / | | Total Time Employed Yrs. Mos. |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | If Part Time, Give Number of Hrs. Worked Per Week _____ |
| Name & Address of Employer | Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet | |
| Title of Position | | |
| Dates of Employment (mo.&yr.) From / To / | | Total Time Employed Yrs. Mos. |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | If Part Time, Give Number of Hrs. Worked Per Week _____ |

C. Training Course Record for Instrument Operator listed in 9 (complete if applicable)

Name of Instrument Operator listed in 9 _____

| Name and Address of Company Conducting Course | Name of Course | Sponsor of Course | Dates Attended From | To | Hrs/ week attended |
|--|----------------|-------------------|------------------------|----|-----------------------|
| | | | | | |
| | | | | | |

Name of Instrument Operator listed in 9 _____

| Name and Address of Company Conducting Course | Name of Course | Sponsor of Course | Dates Attended From | To | Hrs/week attended |
|--|----------------|-------------------|------------------------|----|----------------------|
| | | | | | |
| | | | | | |