

State Fiscal Year 2016

**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 Manager: _____
 Telephone #: (_____) _____
4. Name of QA Officer/Quality Manager: _____
 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 Supervised¹	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-Setteable Solids- DW03 or NPW03	
	Chemical Testing-Metals-ICP, ICP/MS, DCP DW06-DW07, NPW06-NPW08, SCM05-SCM07, AE02,AE07 & BT02-BT04.AsbestosDW05, NPW05 or SCM04	
	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

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

6. Name of Supervisor / Technical Manager: _____

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., PO Box 745, Old Chelsea Station, New York, NY 10013 Telephone Number (212) 966-6311

B. Employment Record - For the 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 _____	

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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).

7. Name of Quality Assurance (QA) Officer _____

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

INCLUDE YOUR TRANSCRIPT WITH THIS APPLICATION

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., PO Box 745, Old Chelsea Station, New York, NY 10013 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			
Title of Position		Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet	
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 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 9A, B and C below must be submitted for each instrument operator listed in 8 above. If there is more than one instrument operator, 9A, B and C below should be copied, completed and included with the application for each additional operator.

9. Name of Instrument Operator listed in 8 above _____

A. Educational Information (complete if applicable)

INCLUDE YOUR TRANSCRIPT WITH THIS APPLICATION

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., PO Box 745, Old Chelsea Station, New York, NY 10013 Telephone Number (212) 966-6311

B. Employment Record - For the instrument operator listed in "8" 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 _____		

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C. Training Course Record for **Instrument Operator listed in 8** (complete if applicable)

Name of Instrument Operator listed in 8 _____

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

Name of Instrument Operator listed in 8 _____

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

Name of Instrument Operator listed in 8 _____

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

Name of Instrument Operator listed in 8 _____

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