



REASONABLE CONFIDENCE PROTOCOL

LABORATORY ANALYSIS QA/QC CERTIFICATION FORM

Laboratory Name: _____

Client: _____

Project Location: _____

Project Number: _____

Laboratory Sample ID(s): _____

Sampling Date(s): _____

List RCP Methods Used (e.g., 8260, 8270, et cetera) _____

1	For each analytical method referenced in this laboratory report package, were all specified QA/QC performance criteria followed, including the requirement to explain any criteria falling outside of acceptable guidelines, as specified in the CTDEP method-specific Reasonable Confidence Protocol documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A	Were the method specified preservation and holding time requirements met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1B	<u>VPH and EPH Methods only:</u> Was the VPH or EPH method conducted without significant modifications (see Section 11.3 of respective RCP methods)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2	Were all samples received by the laboratory in a condition consistent with that described on the associated chain-of-custody document(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Were samples received at an appropriate temperature (<6° C°)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4	Were all QA/QC performance criteria specified in the CTDEP Reasonable Confidence Protocol documents achieved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	a) Were reporting limits specified or referenced on the chain-of-custody? b) Were these reporting limits met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6	For each analytical method referenced in this laboratory report package, were results reported for all constituents identified in the method-specific analyte lists presented in the Reasonable Confidence Protocol documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Are project-specific matrix spikes and laboratory duplicates included in this data set?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes: For all questions to which the response was “No” (with the exception of question #7), additional information must be provided in an attached narrative. If the answer to question #1, #1A, or #1B is “No”, the data package does not meet the requirements for “Reasonable Confidence.” This form may not be altered and all questions must be answered.

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

Authorized Signature: _____ **Position:** _____

Printed Name: _____ **Date:** _____

Name of Laboratory _____

This certification form is to be used for RCP methods only.