

**State Fiscal Year 2021**  
**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 <sup>1</sup>	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	

<sup>1</sup>Refer 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 <sup>1</sup> and Date
	From	To				

<sup>1</sup>If 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		Major	Minor	Credit Hrs.	Degree <sup>1</sup> and Date
	From	To				

<sup>1</sup>If 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 _____	Description of Applicable Work <input type="checkbox"/> check here if continued on additional sheet	
Name & Address of Employer			
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 <sup>1</sup> and Date

<sup>1</sup>If 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