

**TITLE 252. DEPARTMENT OF ENVIRONMENTAL QUALITY  
CHAPTER 303. TNI LABORATORY ACCREDITATION [REVOKED]**

**SUBCHAPTER 1. GENERAL PROVISIONS [REVOKED]**

**252:303-1-1. Purpose, basis, authority, applicability, and implementation date**  
[REVOKED]

(a) ~~The rules in this Chapter provide standards for accreditation of privately and publicly owned laboratories for performance of analyses of water and wastewater, solid and hazardous waste, soil, sludge and petroleum hydrocarbons. This Chapter was promulgated and adopted pursuant to the Oklahoma Environmental Quality Code (Code), 27A O.S. § 2-4-101 *et seq.*, and shall apply to laboratories certified or applying to be accredited by the Department of Environmental Quality consistent with The NELAC Institute (TNI) Standards.~~

(b) ~~As the Board promulgates new rules, accredited laboratories shall incorporate those procedures for all accredited analytes upon the effective date of the rule.~~

(c) ~~The implementation date of this Chapter is January 1, 2016.~~

**252:303-1-2. Accreditation exception [REVOKED]**

~~Operational testing analyses for municipal wastewater treatment systems and water supply systems may be submitted to the DEQ by an unaccredited laboratory if, at the time of the analyses, the laboratory was operated by an individual certified by the DEQ as a laboratory operator and the certified laboratory operator approves and signs the analyses report. For further explanation, refer to and comply with the following rules:~~

- ~~(1) Oklahoma Pollutant Discharge Elimination System Standards (OPDES), OAC 252:606-11-2;~~
- ~~(2) Public Water Supply Operations, OAC 252:631-3-2; and~~
- ~~(3) Waterworks and Wastewater Works Operator Certification OAC 252:710-5-53.~~

**252:303-1-3. Definitions [REVOKED]**

~~In addition to the definitions contained in the Environmental Quality Code (27A O.S. § 2-1-101 *et seq.*) and OAC 252:4 (Department of Environmental Quality Rules of Practice and Procedure), the following words or terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise.~~

~~"**Acceptable results**"~~, as defined in 27A O.S. § 2-4-101, means a result within limits determined on the basis of statistical procedures as prescribed by the Department.

~~"**Accreditation**"~~ means the process by which the DEQ recognizes a laboratory as meeting certain predetermined qualifications or standards, thereby accrediting the laboratory.

~~"**Analyte**"~~ means the characteristics of a laboratory sample determined by an analytical laboratory testing procedure and is synonymous with "parameter". For purposes of this Chapter, "analyte" also means one of a set of inorganic or organic chemical, physical, radiochemical or microbiological properties whose value determines the characteristics of a water or wastewater sample.

~~"**Applicant**"~~ means the owner of a laboratory, or a representative authorized by the owner to act on the owner's behalf, seeking accreditation from the DEQ.

**"Applicant laboratory"** means the laboratory and its owner or authorized representative for which an application for accreditation has been filed with the DEQ.

**"Approved method"** means an analytical test method which has been required by law or is recognized by the DEQ as acceptable for a specific usage.

**"Basic environmental laboratory"** means a laboratory that is limited to the following analytes: five day biochemical oxygen demand, carbonaceous biochemical oxygen demand, chemical oxygen demand, total organic carbon (TOC), total Kjeldahl nitrogen (TKN), nitrate-nitrite nitrogen, organic nitrogen, ammonia nitrogen, total dissolved solids (filterable residue), total suspended solids (non-filterable residue), volatile residue, total phosphorous, orthophosphate phosphorus (reactive phosphorus), chloride, fluoride, oil and grease, sulfate, pH, specific conductance, dissolved oxygen, turbidity, total residual chlorine, hardness, alkalinity, color, fecal coliform, total coliform, cyanide, phenolics, copper, zinc, iron, sulfide, chromium, and hexavalent chromium.

**"Blind audit"** means a process whereby the DEQ or any other designated agent submits proficiency testing samples to an accredited laboratory in a manner such that the laboratory is not aware of the process.

**"Certificate"** is defined in 27A O.S. § 2-4-101 and means the same as laboratory accreditation and includes primary accreditation and reciprocity accreditation.

**"Corrective Action Plan" or "Corrective Action Report"** is a written plan of action, including a schedule for implementation, to correct deficiencies or findings identified in the DEQ or DEQ-approved agent's inspection report, including a timeline for implementation; or to eliminate the causes of an existing nonconformity, defect or other undesirable situation in order to prevent its recurrence.

**"DEQ"** means the Oklahoma Department of Environmental Quality. For purposes of certifications issued and enforcement matters arising prior to July 1, 1993, "DEQ" also means predecessor agencies of the DEQ which had jurisdiction over environmental water quality laboratories on June 30, 1993.

**"Evaluation"**, as defined in 27A O.S. § 2-4-101, means a review of the quality control and quality assurance procedures, recordkeeping, reporting procedures, methodology, personal qualifications, equipment, facilities and analytical technique of a laboratory for measuring or establishing specific parameters.

**"Finding"** means an assessment conclusion, referenced to a TNI Standard and supported by objective evidence that identifies a deviation from a TNI requirement.

**"Initial accreditation"** means a first-time accreditation granted to a laboratory not previously accredited by the DEQ.

**"Interim accreditation"** means temporary accreditation status for a laboratory that has met all accreditation criteria except for a pending on-site assessment which has been delayed for reasons beyond the control of the laboratory.

**"Laboratory"**, as defined in 27A O.S. § 2-4-101, means *a facility that performs analyses to determine the chemical, physical or biological properties of air, water, solid waste, hazardous waste, wastewater or soil or subsoil materials or performs any other analyses related to environmental quality evaluations.* "Laboratory" includes mobile laboratories.

**"Laboratory waste"** means by-products of the analytical process, residues of samples analyzed, discarded reagents or standards and any materials contaminated by any of these.

~~"Mobile laboratory" means a mobile facility that performs analyses in a self-contained environment with professional analytical instrumentation, excluding field testing of those analytes that require immediate measurement on site (conductivity, residual chlorine, pH, dissolved oxygen, temperature):~~

~~"Owner" means the sole proprietor of an individually owned laboratory, the controlling or managing partner of a laboratory held by a partnership, the major stockholders of a corporate owned laboratory, or a municipality or other local government entity which owns or operates a laboratory:~~

~~"Parameter" is defined in 27A O.S. § 2-4-101 and is synonymous with "analyte".~~

~~"Primary accreditation body" (PAB) means the accreditation body responsible for assessing a laboratory's total quality system, on-site assessment, and proficiency testing (PT) performance tracking for fields of accreditation:~~

~~"Proficiency testing (PT) sample" means a sample submitted to a laboratory by the DEQ or other designated agent for the purpose of assessing the ability of the laboratory to correctly analyze samples using an approved method:~~

~~"Program" means the DEQ laboratory accreditation program:~~

~~"QA Plan" or "Quality Assurance Plan" means a written description of quality assurance activities (quality control) that will ensure the generation of data that are scientifically valid, defensible and of known and acceptable limits of precision and accuracy:~~

~~"Secondary accreditation body" means an accreditation body that grants laboratory accreditation for a field of accreditation based on recognition of accreditation from a Primary Accreditation Body for the same field of accreditation:~~

~~"SOP manual" or "Standard Operating Procedure manual" means a document approved by a laboratory director that includes approved methods, equipment and instruments used by the laboratory for analyses:~~

~~"TNI" means The NELAC Institute. NELAC means the National Environmental Laboratory Accreditation Conference, which was an association of federal and state agencies established to develop and promote consistent performance standards for analytical testing of environmental samples and the laboratory accreditation process in environmental laboratories in order to generate data of known and acceptable quality upon which the agencies could base public health and environmental management decisions:~~

#### **252:303-1-4. Terms [REVOKED]**

~~Terms used in this Chapter shall have the meanings given to them in OAC 252:303-1-3 or the Oklahoma Environmental Quality Code. Any technical term not defined thereby shall be defined by its generally accepted scientific meaning or its standard dictionary meaning:~~

#### **252:303-1-5. Accreditation programs and types [REVOKED]**

~~(a) **Programs.** Laboratories may be accredited in Drinking Water, General Water Quality, and/or Petroleum Hydrocarbons:~~

~~(b) **Types of accreditation.** An applicant laboratory may apply at any time for initial, interim or renewal accreditation. A laboratory applying for interim accreditation shall meet the same requirements as a laboratory applying for initial accreditation:~~

**252:303-1-6. Drinking water laboratory [REVOKED]**

A drinking water laboratory may be accredited in the following category groups: metals, general chemistry, microbiology, asbestos, non-volatile synthetic organic chemicals (SOCs), volatile organic compounds (VOCs) and/or radionuclides.

**252:303-1-7. General water quality laboratory [REVOKED]**

A general water quality laboratory may be accredited in the following category groups: metals, nutrients, demands, extractable organics, general chemistry I and/or II, microbiology, pesticides - herbicides - PCBs, purgeable organics, radiological, bioassay, hazardous waste characterization, petroleum hydrocarbons, perchlorate, and/or basic environmental laboratory.

**252:303-1-8. Petroleum hydrocarbon laboratory [REVOKED]**

A petroleum hydrocarbon laboratory may be accredited in the following category groups: Total Petroleum Hydrocarbons (TPH), Benzene, Toluene, Ethylbenzene, and Xylene (BTEX), Flash Point, and MTBE.

**252:303-1-9. Fees [REVOKED]**

(a) **Applicable fees.** The following fees apply:

(1) Initial accreditation	\$1,183.00
(2) Interim accreditation	696.00
(3) Renewal fee	35.31
(4) Renewal late fee	347.86
(5) Accreditation amendment	69.57
(6) Fee for 1 category	488.05
(7) Fee for 2 categories	976.09
(8) Fee for 3 categories	1,464.14
(9) Fee for 4 categories	1,952.18
(10) Fee for 5 or more categories	2,440.23
(11) Inspections	-0-

(b) **Renewal.** Fees to renew accreditation consist of the renewal application fee and the applicable category fee.

(c) **Public water supply system fee exemption.** There is no laboratory accreditation fee for public water supply systems that pay the minimum annual public water supply regulatory service rate fee in accordance with 27A O.S. § 2-6-306.

(d) **Annual fee adjustment.** To assist in meeting rising costs to the DEQ of the environmental services and regulatory programs associated with the laboratory services program, the fees set out in this Section shall be automatically adjusted on July 1<sup>st</sup> every year to correspond to the percentage, if any, by which the Consumer Price Index (CPI) for the most recent calendar year exceeds the CPI for the previous calendar year. The DEQ may round the adjusted fees up to the nearest dollar. The DEQ may waive collection of an automatic increase in a given year if it determines other revenues, including appropriated state general revenue funds, have increased sufficiently to make the funds generated by the automatic adjustment unnecessary in that year. A waiver does not affect future automatic adjustments.

~~(1) Any automatic fee adjustment under this subsection may be averted or eliminated, or the adjustment percentage may be modified, by rule promulgated pursuant to the Oklahoma Administrative Procedures Act. The rulemaking process may be initiated in any manner provided by law, including a petition for rulemaking pursuant to 75 O.S. § 305 and OAC 252:4-5-3 by any person affected by the automatic fee adjustment.~~

~~(2) If the United States Department of Labor ceases to publish the CPI or revises the methodology or base years, no further automatic fee adjustments shall occur until a new automatic fee adjustment rule is promulgated pursuant to the Oklahoma Administrative Procedures Act.~~

~~(3) For purposes of this subsection, "Consumer Price Index" or "CPI" means the Consumer Price Index - All Urban Consumers (U.S. All Items, Current Series, 1982-1984=100, CUUR0000SA0) published by the United States Department of Labor. The CPI for a calendar year is the figure denoted by the Department of Labor as the "Annual" index figure for that calendar year.~~

#### **252:303-1-10. Withdrawal from TNI [REVOKED]**

~~If a laboratory wishes to withdraw from TNI, in total or in part, it must notify the primary accreditation body in writing.~~

### **SUBCHAPTER 3. LABORATORY ACCREDITATION PROCESS [REVOKED]**

#### **PART 1. APPLICATION [REVOKED]**

##### **252:303-3-1. Application required [REVOKED]**

~~(a) **General.** A laboratory shall submit one copy of an application for primary accreditation or secondary accreditation to the DEQ. Application forms are available on the DEQ's website. Applications shall be accurately completed, signed and submitted to the DEQ electronically or by mail, with all required attachments.~~

~~(b) **Application fees.** Fees shall be submitted to the DEQ at the same time that applications are submitted. Applications shall not be considered until fees are received.~~

~~(c) **Signature and verification.** An application shall be signed by the sole proprietor of an individually owned laboratory, the controlling or managing partner or partners of a laboratory held by a partnership, the authorized agent of a corporate owned laboratory, or the principal executive officer or ranking elected official of a municipality or other local government entity which owns or operates the applicant laboratory. The signer shall verify in the application that it was prepared under his direction or supervision and that the information it contains is, to the best of his knowledge, true, accurate and complete.~~

~~(d) **Secondary accreditation.** Applicants for secondary accreditation shall submit information required by 252:303-3-2. It is not necessary to submit information required in 252:303-3-3.~~

~~(e) **Certification of Compliance.** A "Certification of Compliance" statement must accompany the application for laboratory accreditation in accordance with the 2009 TNI Standard. The statement must be signed and dated by both the laboratory management and the quality assurance officer, or other designated person, for that laboratory. The certification statement must contain at least the following statements: "The applicant understands and acknowledges that the laboratory is required~~

~~to be continually in compliance with the (insert the name of the primary accreditation body) standards and is subject to the enforcement and penalty provisions of that accreditation body. I hereby certify that I am authorized to sign this application on behalf of the applicant/owner and that there are no misrepresentations in my answer to the questions on this application."~~

~~(f) **Processing.** Applications for primary and secondary accreditation shall be processed in the chronological order in which they are received.~~

~~(g) **TNI Standards.** Laboratories shall obtain the TNI Standards for use in their accredited laboratory programs.~~

### **252:303-3-2. Contact information [REVOKED]**

~~In addition to other information required by this Chapter, an application shall contain the following information:~~

~~(1) The name, mailing address, street address, telephone number, e-mail address and telefax number (if any) of the applicant.~~

~~(2) The signature, typewritten name, address, telephone number and telefax number (if any) of the authorized representative of the owner.~~

~~(3) The name, mailing address, street address, telephone and telefax number (if any) of the applicant laboratory's authorized technical representative.~~

~~(4) The location(s) (address or legal description) of the laboratory, including county and driving directions and latitude/longitude.~~

~~(5) Identification of the accreditation type and categories, analytes and/or methods sought.~~

~~(6) The name and address of any owner, stockholder, or officer of the applicant laboratory or a person who receives compensation from the applicant laboratory, who has been or currently is an owner, stockholder, or officer of, or who has received compensation from, any laboratory whose accreditation application has been previously denied or whose accreditation has been previously suspended or revoked in part or in whole by the DEQ.~~

### **252:303-3-3. Operational information [REVOKED]**

~~The application for primary accreditation shall address the following operational issues:~~

~~(1) A listing of equipment to be used for sample analysis, storage and reporting.~~

~~(2) A description of the methods, equipment and instruments used by the applicant laboratory for specific analytes which may be in the form of an SOP manual when required.~~

~~(3) A written laboratory QA plan which includes but is not limited to:~~

~~(A) A listing of laboratory personnel, including the laboratory director, which gives the academic training, experience and analytical and supervisory responsibilities of each; and~~

~~(B) A narrative description of the methods used for sample receipt, storage and disposal.~~

~~(4) Results of laboratory's two most recent proficiency testing rounds, at least 15 calendar days apart.~~

~~(5) A report of a laboratory inspection conducted by the DEQ or a DEQ approved agent within the twelve (12) months prior to the date of filing or, for in-state laboratories only, a letter requesting the DEQ to conduct an on-site inspection. The inspection report shall verify data submitted in an application, list any deficiencies and be signed by the DEQ or DEQ approved agent.~~

- (6) If deficiencies are listed in an inspection report, the applicant shall submit a corrective action plan which specifies deadlines for implementation and completion of the plan. The DEQ may establish conditions, including compliance schedules, for the applicant's corrective action plan.
- (7) Hours of operation.

#### **252:303-3-4. Reasons to deny an initial application [REVOKED]**

- (a) An initial application for accreditation shall be denied in the following circumstances:
- (1) Failure to submit a completed application;
  - (2) Failure to pay required fees;
  - (3) Failure of laboratory staff to meet the personnel qualifications of education, training and experience as required by the TNI standards;
  - (4) Failure to successfully analyze and report proficiency testing samples as required by the TNI standards;
  - (5) Failure to respond to an assessment report from the on-site assessment with a corrective action report within the 30 calendar days after receipt of the assessment report;
  - (6) Failure to implement the corrective actions detailed in the corrective action report within the specified time frame as approved by the primary accreditation body;
  - (7) Failure to implement a quality system as defined in the TNI standards;
  - (8) Failure to pass required on-site assessment(s) as specified in the TNI standards;
  - (9) Misrepresentation of any fact pertinent to receiving or maintaining accreditation; or
  - (10) Denial of entry during normal business hours for an on-site assessment as required by the TNI standards.
- (b) If the laboratory is not successful in correcting the deficiencies as required by TNI standards, the laboratory must wait six months before again reapplying for accreditation.
- (c) Laboratory accreditation will not be denied without the right to due process as addressed in OAC 252: 4, Rules of Practice and Procedure.

#### **252:303-3-5. Renewals [REVOKED]**

- (a) **Annual renewal required.** A laboratory must apply to renew accreditation annually. Renewal applications are available on the DEQ's website. Renewal applications shall be accurately completed, signed and submitted to the DEQ electronically on or before June 15 of each year.
- (b) **Laboratory responsibility.** Each laboratory is responsible for renewing its accreditation by the annual renewal date. Failure to receive a renewal notification and invoice does not exempt laboratories from meeting the renewal deadline.
- (c) **DEQ invoice date.** By April 15 of each year, the DEQ shall mail invoices to each accredited laboratory.
- (d) **Deadline.** All applicable fees shall be submitted to the DEQ by 4:30 p.m. on or before June 15 or postmarked on or before that date. Any renewal application which is not received electronically by the DEQ on or before June 15 shall be considered only if the electronic application form, renewal fee and a late fee are submitted on or before July 15. Applications and fees received or postmarked after July 15 will be returned and accreditation shall not be renewed.
- (d) **PT provider.** Laboratories shall ensure that the PT provider has submitted all pertinent PT reports to the DEQ electronically or postmarked on or before July 15 of each year. PTs received later

than 4:30 p.m. on July 15 of each year will not be considered for accreditation renewal.

(e) **Specified dates.** If any date specified in this section falls on a weekend or holiday, the date of the following working day shall be the effective date.

(f) **Failure to renew.** To become accredited again, a laboratory that failed to renew its accreditation in a timely manner must apply for initial accreditation as a new laboratory.

### PART 3. CONDITIONS OF ACCREDITATION [REVOKED]

#### 252:303-3-21. Conditions applicable to all accreditations [REVOKED]

The following conditions shall apply to all existing accreditations and shall be incorporated expressly or by reference into all accreditations issued or renewed after the effective date of this Chapter:

(1) **Proper operation and maintenance.** The Laboratory shall at all times properly operate and maintain all facilities and equipment installed or used by the Laboratory to achieve compliance with the laboratory accreditation requirements of the Code, rules of the Board as they relate to laboratory accreditation, and the provisions and conditions of this Accreditation. Proper operation and maintenance includes effective performance of operations and adequate funding, operator staffing and training, and the provision of appropriate sample-handling equipment. All operational practices and procedures used at this site shall conform to the best possible public health and safety practices.

(2) **Duty to mitigate.** The Laboratory shall take all reasonable steps to minimize or correct any adverse impact on the environment and the public health resulting from noncompliance with this Accreditation and to minimize or correct any adverse impact on the environment arising from its analytical activities.

(3) **Duty to provide information.** The Laboratory shall furnish to the DEQ, within a time specified, any information which the DEQ may request to determine:

(A) whether cause exists for amending, suspending, or revoking this Accreditation;

(B) compliance with this Accreditation; or

(C) whether an accreditation should be issued or renewed.

(4) **Records.** The Laboratory shall keep its Accreditation, the application on which it is based, copies of all records required to be kept by OAC 252:302 and the provisions of its Accreditation on file at the accredited facility.

(5) **Reporting requirements.** The Laboratory shall give advance notice to the DEQ as soon as possible of any planned physical alterations, additions to the accredited facility or planned changes in the accredited facility which may result in noncompliance with accreditation requirements.

(6) **Signatory requirement.** All applications, reports, or information submitted to the DEQ shall be signed by the applicant.

(7) **Consent to conditions.** Commencing analytical activities as an accredited laboratory under DEQ accreditation shall constitute consent to all conditions of accreditation.

(8) **Transfer of accreditation.** Accreditation is not transferable. An accredited laboratory may apply to amend ownership or change names, provided that facilities, equipment, personnel and all other conditions of accreditation remain unchanged.



~~(9) **Duty to apply.** To maintain its accredited status, the Laboratory shall make timely application for annual renewal of accreditation.~~

~~(10) **Severability.** The provisions of accreditation are severable, and if any of its provisions or the application of its provisions are held invalid, the application of such provisions to other circumstances and the remaining provisions of the accreditation shall not be affected thereby.~~

**252:303-3-22. Amendments to accreditations [REVOKED]**

~~(a) **Changes to be reported.** Changes in laboratory name, ownership, form of ownership, location, and other changes, including personnel and/or equipment, which may significantly affect the performance of analyses for which the laboratory was originally accredited shall be reported in writing to the DEQ within 30 days of occurrence. If requested by owner, the DEQ may amend the accreditation to reflect reported changes.~~

~~(b) **Amendment fee.** An amendment fee shall be assessed in accordance with OAC 252:303-1-9.~~

~~(c) **Cause.** The DEQ may amend an accreditation for cause, with notice to the affected accredited laboratory and opportunity for hearing.~~

**252:303-3-23. Self-reporting [REVOKED]**

~~(a) An accredited laboratory shall promptly submit correct facts or information to the DEQ and/or to the client when:~~

~~(1) it becomes aware that it failed to submit a material fact or submitted incorrect information in an application or a report to the DEQ or to a client for submission to the DEQ; or~~

~~(2) the DEQ becomes aware of same and notifies the laboratory.~~

~~(b) Failure to make a prompt submission may result in an enforcement action.~~

**PART 5. GROUNDS TO SUSPEND OR REVOKE [REVOKED]**

**252:303-3-31. Grounds to take enforcement action [REVOKED]**

~~(a) In addition to the grounds listed in 27A O.S. §2-3-501 *et seq.*, § 2-4-305(A) and OAC 252:4-7-15, the DEQ may suspend, revoke or refuse to renew in part or in whole the accreditation of any laboratory for the following grounds:~~

~~(1) consistent and significant errors in analyses, erroneous reporting or evidence of professional or technical incompetence;~~

~~(2) misrepresentation to others regarding the type and conditions of DEQ accreditation and the reliance of others on such misrepresentation;~~

~~(3) failure to perform any of the following:~~

~~(A) to correct deficiencies, comply with a corrective action plan, or take other action required by the DEQ pursuant to these rules;~~

~~(B) to participate or produce acceptable results in required proficiency testing;~~

~~(C) to cooperate with or allow on-site laboratory evaluations, inspections, or access to records; or~~

~~(D) failure to notify or submit reports to the DEQ as required by this Chapter.~~

~~(4) submission of a proficiency testing sample to another laboratory for analysis, and reporting~~

~~data received as its own;~~

~~(5) collaboration with other laboratories on results before proficiency testing sample results are submitted to the required agency;~~

~~(6) allowing persons other than qualified laboratory employees to perform and report results of accredited analytes;~~

~~(7) any other violation, action or inaction presenting good cause for such action;~~

~~(8) when the PAB suspends a laboratory; or~~

~~(9) when conditions arise under 252:303-5-5 and/or 5-6.~~

~~(b) The DEQ reserves the right to enforce against a secondary accredited laboratory if the PAB does not take action or during the PAB's enforcement action.~~

~~(c) All information included and documented in a corrective action report is public information and is subject to the Oklahoma Open Records Act, 51 Oklahoma Statutes, Section 24A *et seq.*, excluding proprietary data, confidential business information and classified national security information.~~

~~(d) Laboratory accreditation will not be suspended or revoked without the right to due process as addressed in OAC 252: 4, Rules of Practice and Procedure.~~

#### **252:303-3-32. Notice [REVOKED]**

~~The DEQ may require an accredited laboratory to give written notice to its clients of the suspension or revocation of any part of its accreditation.~~

#### **252:303-3-33. Individual proceedings [REVOKED]**

~~Proceedings for accreditation revocation, suspension or reinstatement shall be conducted in accordance with 27A O.S. § 2-3-501 *et seq.*, and OAC 252:4, DEQ Rules of Practice and Procedure.~~

### **SUBCHAPTER 5. GENERAL OPERATIONS [REVOKED]**

#### **252:303-5-1. Posting of accreditation [REVOKED]**

~~Each accredited participant in the program shall maintain on file the list of analytes for which it is accredited and shall provide a copy of the list upon request.~~

#### **252:303-5-2. Facilities [REVOKED]**

~~(a) A laboratory located in multiple buildings shall be treated as one accreditation if the buildings are within one(1) mile of each other and under the same direct management.~~

~~(b) Mobile laboratories located within Oklahoma and that analyze samples exclusively within the State are not required to obtain separate accreditation. Mobile laboratories that are not individually accredited by the PAB do not need separate accreditation to operate within the State.~~

#### **252:303-5-3. On-site inspections [REVOKED]**

~~(a) **Inspections.** Inspections may be unannounced.~~

~~(b) **On-site requirements.** During an inspection the DEQ may require on-site analyses of proficiency test samples by laboratory personnel. Laboratories shall make all employees available for interviews during on-site inspections.~~

~~(c) **Corrective action report.** Following the inspection the DEQ will provide the laboratory with~~

~~a copy of the assessment report within 30 days. The laboratory will be afforded 30 days from the date of receipt in which to develop a Corrective Action Report (CAR) and 90 days in which to correct any listed deficiencies unless extended by written agreement of the parties or unless the laboratory is under an administrative order.~~

~~(d) **Subcontracting inspections.** The laboratory shall have the right to exclude a third party assessor if there is a conflict of interest.~~

~~(e) **Distribution of assessment reports.** The Subcontractor shall provide an initial assessment report to the DEQ. The DEQ shall compile, edit and submit the final report.~~

~~(f) **Public record.** All information included and documented in an assessment report is public information and is subject to the Oklahoma Open Records Act, excluding proprietary data, confidential business information and classified national security information.~~

#### **252:303-5-4. Corrective action report [REVOKED]**

~~(a) A corrective action report shall be submitted by the laboratory to the PAB in response to any assessment report received by the laboratory within 30 days after an on-site assessment. The report shall include the action that the laboratory shall implement to correct each deficiency and the time period required to accomplish the corrective action. Upon request of the primary accreditation body, documentation showing the implementation of corrective action(s) shall be forwarded to the primary accreditation body within the timeframe specified in the corrective action report.~~

~~(b) The laboratory may submit two corrective action reports within the time limits specified herein.~~

~~(c) If the corrective action report is not acceptable to the accreditation body after the second submittal, the laboratory's accreditation shall be revoked for all or any portion of its scope of accreditation for any or all of a field of accreditation, a method, or analyte within a field of accreditation.~~

~~(d) All information included and documented in a corrective action report is public information and is subject to the Oklahoma Open Records Act, excluding proprietary data, confidential business information and classified national security information.~~

~~(e) Laboratory accreditation will not be revoked without the right to due process as addressed in OAC 252: 4, Rules of Practice and Procedure.~~

#### **252:303-5-5. Corrective action(s) [REVOKED]**

~~If the laboratory fails to implement and maintain corrective actions as stated in its corrective action report(s), the laboratory's accreditation shall be revoked for all or any portion of its scope of accreditation for any or all of a field of accreditation, a method, or analyte within a field of accreditation. Laboratory accreditation will not be revoked without the right to due process as addressed in OAC 252: 4, Rules of Practice and Procedure.~~

#### **252:303-5-6. Recordkeeping and reporting [REVOKED]**

~~(a) The laboratory shall keep the following records on file in its accredited facility:~~

- ~~(1) accreditation and the application on which it is based;~~
- ~~(2) copies of all records and documentation required to be kept by this Chapter;~~
- ~~(3) repair and maintenance records;~~
- ~~(4) reports filed with the DEQ or submitted to clients for filing with the DEQ;~~

- (5) equipment changes, additions or malfunctions; and
  - (6) QA/QC plans and reports.
- (b) Any data report given to a customer by an accredited laboratory shall identify:
- (1) the parameters for which the laboratory is DEQ-accredited;
  - (2) the class of DEQ-issued accreditation of each analyte; and
  - (3) which analytes were subcontracted out for analysis and the subcontracting laboratory's DEQ-issued accreditation number for each of the subcontracted analytes.

## **SUBCHAPTER 7. MANAGEMENT AND TECHNICAL REQUIREMENTS [REVOKED]**

### **252:303-7-1. Incorporation by Reference [REVOKED]**

(a) ~~Quality systems general requirements.~~—TNI Environmental Laboratory Sector, Vol. 1, Management and Technical Requirements for Laboratories Performing Environmental Analysis, Module 2: Quality Systems General Requirements 2009 is hereby incorporated by reference.

(b) ~~EPA Methodology.~~ The following EPA methods, as published in July 2010, are hereby incorporated by reference:

- (1) "Guidelines Establishing Test Procedures for the Analysis of Pollutants", 40 CFR Part 136.
- (2) "Test Methods for Evaluating Solid Waste, Laboratory Manual Physical/Chemical Methods," SW-846 Manual. See further SW-846-ON-LINE.; and
- (3) "Analytical Methods for Biological Pollutants in Wastewater and Sewage Sludge", 40 CFR Part 503

### **252:303-7-2. DEQ approved methodologies [REVOKED]**

The following methods are specifically approved by the DEQ:

- (1) TNRCC Method 1005 Total Petroleum Hydrocarbons ( $\geq nC6$  to  $nC35$ ) of June 1, 2001;
- (2) Oklahoma GRO 8020/8015(Modified) of September 2, 1996;
- (3) Oklahoma DRO 8000/8100(Modified) of October 22, 1997;
- (4) ASTM mussels of 2006; and
- (5) On a case by case basis as approved by DEQ

## **SUBCHAPTER 9. SECONDARY ACCREDITATION [REVOKED]**

### **252:303-9-1. Reciprocity [REVOKED]**

(a) The DEQ shall grant accreditation to laboratories accredited by any other TNI-recognized primary accreditation body in accordance with 27A O.S. Section 2-4-306 on a laboratory-by-laboratory basis. No additional proficiency testing, quality assurance, or on-site assessment requirements for the fields of testing for which the laboratory holds primary TNI accreditation shall be required.

(b) When granting reciprocal accreditation to a laboratory, the DEQ shall grant reciprocal accreditation

- (1) for only the fields of testing, methods and analytes for which the laboratory holds current primary TNI accreditation;
- (2) and issue certificates to the applicant laboratory within 30 calendar days of receipt of the

~~laboratory's application unless potential nonconformance with TNI standards is noted.~~

#### **252:303-9-2. Potential nonconformance when DEQ is secondary accreditation body**

~~[REVOKED]~~

~~(a) If the DEQ notes any potential nonconformance with the TNI standards by a laboratory during the initial application process for reciprocal accreditation, or for a laboratory that already has been granted TNI accreditation through reciprocity, the DEQ shall immediately notify, in writing, the applicable TNI-recognized primary accreditation body.~~

~~(b) The laboratory is to be notified only in situations where no administrative or judicial prosecution is contemplated.~~

~~(c) The notification must cite the applicable sections within the TNI standards for which nonconformance by the laboratory has been noted.~~

~~(d) If the alleged nonconformance is noted during the initial application process for reciprocal TNI accreditation, final action on the application shall not be taken until the alleged nonconformance issue has been resolved.~~

~~(e) If the alleged nonconformance is noted after the reciprocal TNI accreditation has been granted, the laboratory shall maintain its current TNI accreditation status until the alleged nonconformance issue has been resolved.~~

#### **252:303-9-3. Potential nonconformance when DEQ is primary accreditation body**

~~[REVOKED]~~

~~(a) When the DEQ receives notification of potential nonconformance from a secondary accreditation body, it shall review and investigate the alleged nonconformance and take appropriate action on the laboratory, including the addition of any change of accreditation status in the National Environmental Laboratory Accreditation Database, in accordance with 252:303-3-31.~~

~~(b) Within 20 days of the notification of potential nonconformance from a secondary accreditation body, the DEQ shall respond in writing with a copy to the secondary accreditation body, providing the following information:~~

~~—(1) an initial report of the findings;~~

~~(2) a description of the actions to be taken; and~~

~~(3) a schedule for implementation of further action on the alleged nonconformance, if necessary.~~

#### **252:303-9-4. Dispute resolution between primary and secondary accreditation bodies**

~~[REVOKED]~~

~~If, in the opinion of the secondary accreditation body, the primary accreditation body does not take timely and appropriate action on the complaint, the secondary accreditation body may notify the TNI Accreditation Council of the dispute between the two accreditation bodies regarding proper disposition of the complaint.~~