**UST CONTRACTORS QA PROJECT PLAN REVIEW CHECKLIST**

Site Name:

Permit #:

QAPP Addendum Author: Date Received:

Reviewer: Date Reviewed:

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| **A1. Title and Approval Sheet** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Contains project name or site and UST permit number. |  |  |
| Indicates site location-address, city and state. |  |  |
| Contractor’s name is given as well as the preparer’s name. |  |  |
| Dated signature of SC DHEC project manager. |  |  |
| Dated signature of organization’s QA manager present. |  |  |
| Dated signature Laboratory Director. |  |  |
| Other Signatures as required (sub-contracted Lab Directors for instance). |  |  |

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| **A2. Table of Contents** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Lists QA Project Plan information sections. |  |  |
| Document control information indicated. |  |  |

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| **A3. Distribution List** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Includes all individuals who are to receive a copy of the QA Project Plan and identifies their organization. |  |  |
| Includes the SC DHEC Project Manager, all Laboratories that will be used in this project, field manager, the well driller, and the Site Rehabilitation Contractor at a minimum. |  |  |

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| **A4. Project/Task Organization** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Identifies key individuals involved in all major aspects of the project, including contractors, project verifiers, validators, and lab directors. |  |  |
| Discusses their responsibilities. |  |  |
| Identifies individual responsible for maintaining the official, approved QA Project Plan. |  |  |
| Organizational Chart is present and the Project QA Manager position indicates independence from unit generating data. |  |  |
| Organizational chart shows lines of authority and reporting responsibilities. |  |  |

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| **A5. Problem Definition/Background** | **Acceptable (Y/ N/ NA)** | **Comments** |
| The background and history of the site is given. |  |  |
| Indicates why this site is being assessed. |  |  |
| Indicates whether the project falls under UST or Brownfields. |  |  |

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| **A6. Project/Task Description** | **Acceptable (Y/ N/ NA)** | **Comments** |
| The QAPP summarizes what is known about the work to be done—in other words, indicates what the Scope of this project is. See Master QAPP Section A6. |  |  |
| Indicates when the work will be done once QAPP and cost approval is obtained and when the sampling is expected to be completed. |  |  |
| Discusses resource and time constraints, if applicable. If there are constraints, indicates how these may interfere with the tentative schedule. |  |  |

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| **A7. Quality Objectives and Criteria** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Details geographical locations to be studied, including maps where possible. Indicates property lines, wells, and other site details. |  |  |

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| **A8. Special Training/Certifications** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Identifies any project personnel specialized training or certifications. |  |  |
| Discusses how this training will be provided. |  |  |
| Indicates personnel responsible for assuring these are satisfied. |  |  |
| Identifies where this information is documented. |  |  |
| Provides the SC DHEC Environmental Laboratory Certification Number for all Labs including Subcontracted Labs. |  |  |
| Indicates the parameters each lab will perform including method number and revision date for the method referenced in the Lab SOP for each parameter. |  |  |
| EFIS indicates that the above labs are certified for all parameters to be used to make environmental decisions. |  |  |

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| **A.9 Documentation and Records** | **Acceptable (Y/ N/ NA)** | **Comments** |
| QAPP indicates the method in which each person on the distribution list will receive the most current copy of the QAPP. |  |  |
| Lists records pertinent to the project produced during the project by the contractor, labs, and subcontractors. |  |  |
| Indicates whether the records are hardcopies or electronic, and where they will be kept. |  |  |
| Identifies how long project information should be kept and this time period is not less than 5 years. |  |  |

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| **B1. Sampling Process Design (Experimental Design)** | **Acceptable (Y/ N/ NA)** | **Comments** |
| The QAPP lists the schedule for project activities with approximated start and end dates. |  |  |

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| **B2. Sampling Methods** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Indicates the locations of each sampling site (this can be on a map of the site). |  |  |
| QAPP estimates the number of soil, groundwater, drinking water and surface water samples to be collected and gives the total number of expected samples. |  |  |
| The QAPP indicates if the samples will be homogenized and/or split. |  |  |
| If the samples are to be homogenized and/or split the QAPP indicates:* How this will be done.
* What equipment will be needed.
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| Indicates and equipment that will be needed for sampling (Geoprobes etc). |  |  |
| Indicates if sampling equipment will be cleaned/decontaminated or whether all will be disposable. |  |  |
| If the sampling equipment is to be cleaned, the QAPP gives* A detailed description of how this is done.
* how the by-products of cleaning will be disposed.
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| Indicates and identify any support facilities that will be needed. Indicate what group will do the sampling; how the samples will get to the lab (Fed-Ex for instance); contractor to dig wells; contractor to run Geoprobe, etc. |  |  |
| If problems occur in the field the QAPP indicates:* what Corrective Actions will be taken,
* the Person responsible for taking action,
* where the Corrective Action will be documented.
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| **B3. Sample Handling and Custody** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Indicates how the samples will get to the lab in order to meet holding time requirements. |  |  |
| Indicates how the contractors will cool the samples (ice, blue ice, refrigerator). |  |  |
| Indicates how the lab will check the temperature of the samples upon receipt (temperature blank, IR Gun, etc). |  |  |
| Indicates where the samples will be stored in the lab once received. This is for security purposes and can be a simple statement or in the COC SOP.  |  |  |
| Describes the Chain of Custody (COC) procedure from collection to disposal of the samples (this can be an attached SOP). |  |  |
| Includes a copy of the COC that will be used. If there are multiples labs with multiple COCs, each COC that will be used is included. |  |  |

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| **B4. Analytical Methods** | **Acceptable (Y/ N/ NA)** | **Comments** |
| The SOPs that will be used are matched with the parameters, the method that is referenced in that SOP, and the equipment that will be used to analyze the samples. If abbreviations are used, these are explained. |  |  |
| The analytical methods that will be used match those required by the programmatic QAPP. |  |  |
| If problems occur in the lab the QAPP indicates:* What Corrective Actions will be taken
* The Person responsible for taking action
* Where the Corrective Action will be documented
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| The schedule and method of sample disposal is indicated. |  |  |
| An SOP is attached for the Kerr Method or Ferrous Iron Method if they are to be used. |  |  |

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| **B5. Quality Control –See programmatic QAPP** |

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| **B6. Instrument/Equipment Testing, Inspection, and Maintenance** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Each field and lab equipment needing periodic maintenance is listed, along with the schedule and the person responsible. |  |  |
| The availability and location of spare parts for the above equipment is noted. |  |  |
| Indicates the testing criteria for each lab or field instrument which is used to determine that the instrument is working properly. |  |  |
| Indicates corrective action that will be conducted if deficiencies are noted, what re-inspections will be performed, and how the corrective action and the results of the corrective action are documented. |  |  |

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| **B7. Instrument/Equipment Calibration and Frequency** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Identifies equipment, tools, and instruments that should be calibrated and the frequency for this calibration. |  |  |
| Describes how calibrations should be performed and documented, indicating test criteria and standards or certified equipment. |  |  |
| Identifies how deficiencies should be resolved and documented and identifies the person responsible for corrective action. |  |  |

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| **B8. Inspection/Acceptance for Supplies and Consumables** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Identifies critical supplies and consumables for field and laboratory, noting supply source, acceptance criteria, and procedures for tracking, storing and retrieving these materials. |  |  |
| Identifies the individual(s) responsible for this. |  |  |

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| **B9. Non-direct Measurements** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Identifies data sources, for example, computer databases or literature files, or models that should be accessed and used. |  |  |
| Describes the intended use of this information and the rationale for their selection, i.e., its relevance to project. |  |  |
| Indicates the acceptance criteria for these data sources and/or models. |  |  |
| Identifies key resources/support facilities if they are needed. |  |  |

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| **B10. Data Management** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Describes data management scheme from field to final use and storage. |  |  |
| Indicates how the lab and field staff ensure that no unauthorized changes are made to the COC, sampling notebooks, lab notebooks and computer records. |  |  |
| Indicates how the lab ensures that there are no errors in sample records including the processes used in LIMS (Laboratory Information System) and for data calculations, compiling, and transmission. |  |  |
| Indicates how the data will be archived once the reported is produced and how it can be retrieved if needed for both hardcopy and electronic files. |  |  |

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| **C1. Assessments and Response Actions** | **Acceptable (Y/ N/ NA)** | **Comments** |
| Indicates who will be observing field personnel during sampling activities to ensure samples are collected according to the requirements of the QAPP. |  |  |
| Indicates what this person will check and if they have the authority to stop work in case of quality problems. |  |  |
| Does the QAPP indicate (Other than a Lab Certification Assessment of the laboratories) what assessments/audits will be done on the commercial labs that are being used? |  |  |
| Indicates who will do the above assessments and how often. |  |  |
| Indicates to whom the results of the audits will be given and who has the authority to issue stop work orders if the problems found are severe. |  |  |

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| **C2. Reports to Management—Covered in the UST Master QAPP** |

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| **D Validation and Usability--- Covered in the UST Master QAPP** |