CHAPTER 302. INDUSTRIAL DISCHARGE LABORATORY ACCREDITATION

[**Authority:**27A O.S., §§ 1-3-101, 2-2-101, 2-2-201, and 2-4-301 et seq.]
[**Source:**27A O.S., §§ 1-3-101, 2-2-101, 2-2-201, and 2-4-301 et seq.; Codified 7-1-11]
[**Source:**Amended at 43 Ok Reg, Number 21, effective 9-15-26]

SUBCHAPTER 1. GENERAL PROVISIONS

252:302-1-1. Purpose, basis, authority, applicability

(a) The rules in this chapter provide standards for accreditation of privately and publicly owned laboratories for performance of analyses of wastewater. 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 accredited or applying to be accredited by the Department of Environmental Quality (DEQ) as an industrial discharge laboratory. The available scope of accreditation under this chapter is generally limited to non-potable water analyses that are performed immediately upon sampling.
(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, 2013.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-1-2. Field laboratory category [REVOKED]

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Revoked at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-1-3. Terms [REVOKED]

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Revoked at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-1-4. Definitions

In addition to the definitions contained inTitle 27A of the Oklahoma Statutes 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. Any technical term not defined thereby shall be defined by its generally accepted scientific meaning or its standard dictionary meaning.
"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 DEQ.
"Accreditation" or **"accredited"** means the process by which DEQ evaluates an environmental laboratory's quality systems, staff, facilities, equipment, test methods, record, and reports against the requirements of this chapter. Laboratories determined to meet the qualifications and standards of this chapter are thereby accredited.
"Analyte" means the characteristics of a laboratory sample determined by an analytical laboratory testing procedure and is synonymous with "parameter".
"Applicant" means the owner of a laboratory, or a representative authorized by the owner to act on the owner's behalf, seeking accreditation from DEQ.
"Applicant laboratory" means the laboratory and its owner or authorized representative for which an application for accreditation has been filed with DEQ.
"Approved method" means an analytical test method that has been required by law or is recognized by DEQ as acceptable for a specific usage.
"Assessment" means the evaluation process used to measure or establish the performance, effectiveness, and conformance of a laboratory to the standards and requirements of this chapter. The term "evaluation" as used in 27A O.S. § 2-4-101, is synonymous with the term "Assessment."

"Blind audit" means a process whereby 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" or **"certificate of accreditation"** means a document issued by DEQ acknowledging that an environmental laboratory has met standards of this chapter for accreditation and identifying those parameters for which the laboratory is accredited. "Certificate" is synonymous with letters of accreditation as defined in 27A O.S. § 2-4-101 and means the same as laboratory accreditation.
"Corrective action plan" or **"CAP"** means a written plan of action to correct deficiencies. It includes a schedule for implementation and actions to eliminate or reduce the cause(s) of a nonconformity, defect, or other undesirable situation to prevent its recurrence. A CAP may be required in response to identified deficiencies in a DEQ or DEQ-approved agent's assessment report.
"Critical nonconformity" or **"critical finding"** means a conclusion of noncompliance that would require an immediate corrective action or an immediate stop to testing.
"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 DEQ that 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.* "Evaluation" is synonymous with the term "assessment."
"Industrial discharge laboratory" means a laboratory that is accredited to this chapter.
"Initial accreditation" means an accreditation granted to a laboratory not currently accredited by DEQ.
"Interim accreditation" means an accreditation issued to a DEQ-accredited laboratory outside of the renewal accreditation process for analytes in which the laboratory is not currently accredited by DEQ.
"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.
"Nonconformity" means a conclusion of noncompliance or nonconformity of the evaluation process supported by objective evidence. This term is synonymous with both "deficiency" and "finding."
"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 that owns or operates a laboratory.
"Parameter" means defined in 27A O.S. § 2-4-101 and is synonymous with "analyte."
"Proficiency testing (PT) sample" means a sample submitted to a laboratory by 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 DEQ's laboratory accreditation program described in this chapter.
"Residual chlorine" means total residual chlorine, free chlorine, total oxidants, or free oxidants.
"QA plan" or **"quality assurance plan"** means a written description of quality assurance and quality control activities that will ensure the generation of data that are scientifically valid, defensible, and of known and acceptable limits of precision and accuracy.
"SOP manual" or **"standard operating procedure manual"** means a document approved by laboratory management that includes approved methods, equipment, and instruments used by the laboratory for analyses.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 36 Ok Reg 1599, eff 9-15-19; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-1-5. Fees

(a) **Applicable fees.** The following fees apply:
(1) Initial accreditation - $350.00
(2) Renewal accreditation - $350.00
(3) Interim accreditation - $200.00

(4) Accreditation amendment - $70.00
(5) On-site assessment (initial) - $1,000.00
(6) On-site assessment (renewal) - $500.00 annually
(7) On-site assessment (interim) - $1,000.00

(b) **Annual fee adjustment.** To assist in meeting rising costs to 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 1st 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. DEQ may round the adjusted fees up to the nearest dollar. 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, "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.

(c) **On-site assessment fee.** All laboratories must pay an assessment fee. The fee will be invoiced with initial, interim, or renewal application fees.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 36 Ok Reg 1599, eff 9-15-19; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-1-6. Accreditation period

The period of accreditation is annual, running from January 1 to December 31. Notwithstanding, an applicant laboratory may apply at any time for initial or interim accreditation. A laboratory applying for interim accreditation shall meet the same requirements as a laboratory applying for initial accreditation. Regardless of when a certificate goes into effect, it shall expire on December 31 of the same year, unless provided specific written exception by DEQ.

[**Source:** Added at 43 Ok Reg, Number 21, effective 9-15-26]

SUBCHAPTER 3. FIELD LABORATORY ACCREDITATION PROCESS

PART 1. APPLICATION

252:302-3-1. Accreditation

A laboratory may apply at any time for initial or interim accreditation. A laboratory applying for interim accreditation shall meet the same requirements as a laboratory applying for initial accreditation.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-3-2. Application required

(a) **General.** A laboratory shall submit one (1) copy of an application for accreditation to DEQ. Application forms are available on DEQ's website. Applications shall be accurately completed, signed and submitted to DEQ electronically or by mail, with all required attachments. Application requirements are applicable to initial, interim, and renewal applications unless specifically stated otherwise.

(b) **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 that 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.
(c) **Application fees.** Following application processing and approval, DEQ will invoice the laboratory. Accreditation certificates will not be issued until fees are paid in full.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-3-3. Contact information
In addition to other information required by this chapter, an application shall contain the following information:

(1) The name, mailing address, street address, telephone numbers, e-mail address and telefax number (if any) of the applicant.
(2) The signature, typewritten name, mailing address, telephone numbers, e-mail address and telefax number (if any) of the authorized representative of the owner.
(3) The name, mailing address, street address, telephones, e-mail address 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 as an industrial discharge laboratory.
(6) The name and address of any owner, stockholder, or officer of the applicant laboratory or any 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 DEQ.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-3-4. Operational information
The application 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 that may be in the form of an SOP manual when required.
(3) A written laboratory QA plan that includes but is not limited to:
    (A) A listing of laboratory personnel, including the laboratory supervisor, which gives the academic training, experience and analytical and supervisory responsibilities; and
    (B) A narrative description of the methods used for sample receipt, storage and disposal.
(4) Results of the laboratory's two (2) most recent PT rounds, at least 15 calendar days apart from the date of analysis.
(5) A report of a laboratory evaluation conducted by tDEQ shall verify data submitted in the application, list any deficiencies and be signed by DEQ.
(6) If findings are listed in an evaluation report, the applicant shall submit a CAP that specifies deadlines for correction and correction of the finding. DEQ may establish conditions, including compliance schedules, for the applicant's CAP.
(7) Hours of operation.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 36 Ok Reg 1599, eff 9-15-19; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-3-5. Reasons to deny an initial application
(a) An intial 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;
(4) Failure to successfully analyze and report PT samples;
(5) Failure to respond to an assessment report from the on-site assessment with a CAP within the 30 calendar days after receipt of the assessment report;
(6) Failure to implement the corrective actions detailed in the CAP within the specified time frame as approved by the primary accreditation body;
(7) Failure to implement a quality assurance plan;
(8) Failure to pass required on-site assessment(s);
(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.

(b) If the laboratory is not successful in correcting the deficiencies, the laboratory must wait six (6) 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.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-3-6. Renewals

(a) **Annual renewal required.** A laboratory that decides to remain accredited must apply to renew accreditation annually. Application forms are available on DEQ's website. Applications shall be accurately completed, signed, and submitted to DEQ electronically or by regular mail, with all required attachments.
(b) **Laboratory responsibility.** Each laboratory is responsible for submitting its application materials by the annual renewal deadline. Failure to receive a renewal notice does not exempt laboratories from meeting the renewal deadline.
(c) **Renewal deadline.** The renewal application shall be accurately completed, signed, and received by DEQ, along with all applicable materials, on or before 4:30 p.m. CST September 15.
(d) **Payment deadline.** DEQ will invoice the accredited laboratory following application processing. Full payment of fees must be received on or before December 15.
(e) **PT data deadline.** Laboratories shall ensure that the PT provider has submitted all pertinent PT reports to DEQ electronically as specified in OAC 252:302-7-7-5 (b) on or before September 15 of each year. PTs received later than September 15 may not be considered for accreditation renewal.
(f) **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.
(g) **Failure to renew.** A laboratory that fails to submit renewal application materials or payment by the specified deadlines will not be eligible for renewal of their accreditation. They may reapply through the initial application process.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

PART 3. CONDITIONS OF ACCREDITATION

252:302-3-21. Conditions applicable to all accreditations

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 DEQ, within a time specified, any information that 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 this chapter and the provisions of its accreditation on file at the accredited facility.
(5) **Reporting requirements.** The laboratory shall give advance notice to DEQ as soon as possible of any planned physical alterations, additions to the accredited facility or planned changes in the accredited facility that may result in noncompliance with accreditation requirements.
(6) **Signatory requirement.** All applications, reports, or information submitted to 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.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-3-22. Amendments to accreditations

(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 DEQ within 30 days of occurrence. If requested by owner, DEQ may amend the accreditation to reflect reported changes.
(b) **Amendment fee.** An amendment fee shall be assessed in accordance with this chapter.
(c) **Cause.** DEQ may amend an accreditation for cause, with notice to the affected accredited laboratory and opportunity for hearing.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-3-23. Self-reporting

(a) An accredited laboratory shall promptly submit correct facts or information to 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 DEQ or to a client for submission to DEQ; or
(2) DEQ becomes aware of same and notifies the laboratory.
(b) Failure to make a prompt submission may result in an enforcement action.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

PART 5. GROUNDS TO SUSPEND OR REVOKE

252:302-3-31. Grounds to take enforcement action

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, 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 CAP, or take other action required by DEQ pursuant to these rules;
(B) to participate or produce acceptable results in required PT;
(C) to cooperate with or allow on-site laboratory evaluations, or access to records; or
(D) failure to notify or submit reports to DEQ as required by this chapter;
(4) submission of a PT sample to another laboratory for analysis, and reporting data received as its own;
(5) collaboration with other laboratories on results before PT sample results are submitted to the required agency;
(6) allowing persons other than qualified laboratory employees to perform and report results of accredited analytes; or
(7) any other violation, action or inaction presenting good cause for such action.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26; Amended at 36 Ok Reg 1599, eff 9-15-19]

252:302-3-32. Notice

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

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-3-33. Individual proceedings

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.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11]

SUBCHAPTER 5. GENERAL OPERATIONS

252:302-5-1. Posting of accreditation

An industrial discharge laboratory shall maintain on file the list of analytes for which it is accredited and shall provide a copy of the list upon request.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-5-2. Laboratory technician

(a) All industrial discharge laboratories shall have at least one (1) on-site employee meeting the minimum requirements of this chapter.
(b) The laboratory technician shall have at least a high school diploma or equivalent, complete a method training program under an experienced analyst and have six (6) months bench experience in the analysis of process samples.
(c) The laboratory technician shall have knowledge of the use of analytical equipment and support equipment used for the analysis of all accredited parameters.
(d) Before analyzing compliance samples, the laboratory technician must demonstrate acceptable results on at least four (4) replicates of a known standard. These are analyzed as samples after analyzing all required calibration standards. Alternately, demonstrate satisfactory participation on a PT sample. The technician

shall adhere to method required QC procedures specified for blanks, precision, accuracy, sensitivity, and specificity. The demonstration must be documented according to the laboratory's QA plan.
(e) Laboratory technicians must be under the supervision of a supervisor/consultant until the minimum requirements of this subsection are met.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 36 Ok Reg 1599, eff 9-15-19; Amended at 39 Ok Reg 1065, eff 9-15-22; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-5-3. Data produced while in training

Data produced by laboratory technicians while in the process of obtaining the required training or experience are acceptable only when documented, reviewed, and validated by a fully qualified laboratory supervisor/consultant.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-5-4. Laboratory supervisor/consultant

The laboratory supervisor/consultant shall have earned at least a bachelor's degree in chemistry or equivalent and two years experience with environmental analyses using approved methodologies. The supervisor/consultant shall have a working knowledge of QA principles and shall be responsible to ensure that all laboratory personnel have demonstrated their ability to satisfactorily perform the analyses to which they are assigned and that all data reported by the laboratory meets the required QA and regulatory criteria.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-5-5. Facilities, equipment and supplies

(a) All equipment, reagents, glassware and supplies necessary for the proper performance of laboratory analyses shall be on hand or readily available on the premises for analytes certified or analytes listed in an application for accreditation.
(b) Reagents and standards shall not exceed their expiration dates.
(c) Equipment shall be in good working order and properly maintained and shall consist of, at a minimum, the apparatus and supplies for which the laboratory is accredited.
(d) Facilities shall have a sink with hot and cold running water, electricity, a source of distilled and/or deionized water, and other features/equipment necessary to properly perform approved EPA analytical methodologies.
(e) Facilities may be physically located apart in separate buildings if the sites are within one (1) mile of each other and under the same direct management.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-5-6. On-site evaluations

(a) An on-site assessment may be unannounced.
(b) During an assessment, DEQ may require on-site analyses of PT samples by laboratory personnel.
(c) Following the assessment, DEQ will provide the laboratory with a copy of the assessment report within 45 days of the on-site assessment. The laboratory will be afforded 30 days from receipt of report in which to correct any listed deficiencies. DEQ may require a laboratory to develop and implement a CAP. DEQ will provide an assessment of the CAP within 45 days of receipt of same.
(d) Prior to granting initial accreditation to a laboratory, DEQ will perform an on-site assessment of the laboratory.
(e) Prior to granting a laboratory an accreditation for an additional analyte, DEQ may perform an on-site assessment of the laboratory.
(f) DEQ may conduct routine on-site assessment of a laboratory every other year to ensure compliance with the conditions of this chapter, or upon receipt of complaint.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Amended at 36 Ok Reg 1599, eff 9-15-19; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-5-7. Recordkeeping and reporting

(a) The laboratory shall keep the following records on file in its accredited facility for at least five (5) years:

(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 DEQ or submitted to clients for filing with DEQ;
(5) equipment changes, additions or malfunctions; and
(6) QA/QC plans and reports.
(7) data reported for regulatory compliance purposes, including:
  (A) calibration or standardization information, or both;
  (B) quality controls, including standards and duplicates;
  (C) calculations;
  (D) sampling and analytical data; and
  (E) reports.
(8) sampling and analytical data to be retained shall include the following:
  (A) date, time and location of sampling and analysis;
  (B) name of the person collecting the sample;
  (C) name of the analyst; and
  (D) type of analysis, method utilized, and results.

(b) Any data report by an accredited laboratory shall identify that the laboratory is an industrial discharge.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Added at 28 Ok Reg 1201, eff 7-1-11]

SUBCHAPTER 7. PROFICIENCY TESTING

252:302-7-1. Participation required

An industrial discharge laboratory must participate in two (2) single-blind, single-concentration, regularly scheduled PT studies per calendar year for each analyte for which it seeks accreditation or renewal of accreditation. PT samples must be provided by a National Environmental Laboratory Accreditation Program (NELAP) approved PT provider.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Amended at 36 Ok Reg 1599, eff 9-15-19; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-7-2. PT sample treatment

(a) Samples shall be analyzed and the results shall be returned to the PT study provider before the closing date set by the PT provider.

(b) The laboratory shall ensure that all PT samples are handled and treated in the same manner as environmental samples. This includes utilizing the same staff, methods, procedures, equipment, facilities, and frequency of analysis as is used for routine analysis of that analyte and matrix.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-7-3. Initial accreditation

To gain initial or interim accreditation, a laboratory shall have obtained acceptable results for two (2) consecutive PT rounds. PT rounds must have been performed within the last 12 months and at least seven (7) calendar days apart from the closing date of one study to the opening date of another study for the same analyte and matrix.

[**Source:** Amended at 39 Ok Reg 1065, eff 9-15-22; Amended at 43 Ok Reg, Number 21, effective 9-15-26; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-7-4. PT requirements

(a) **General requirements.** Industrial discharge laboratory PT samples must be of a non-potable water or wastewater matrix.

(1) Laboratories seeking to renew accreditation must obtain acceptable results for vendor supplied, regularly scheduled PT samples approximately six (6) months apart in each calendar year. Failure to meet the semiannual schedule shall be regarded as a failed study on the last day of the seventh (7th) month.

(2) Laboratories shall successfully analyze at least two (2) PT studies within the most recent three (3) rounds attempted (2 of 3) prior to renewal. Laboratories may analyze additional or supplemental studies; however, such studies must be reported to DEQ.

(b) **Cost responsibility**. Laboratories shall bear the cost of any subscription to a PT program required by DEQ. DEQ shall not be charged a fee for the analysis of any PT samples.

(c) **Alternate program.** DEQ may designate an alternate PT program if it determines such designation is appropriate.

(d) **DEQ PT samples.** As part of a laboratory's PT, DEQ may also submit blind audit samples to an accredited laboratory.

(e) **Restrictions on exchanging information.** A laboratory shall not attempt to obtain the prepared value of any PT sample from its PT Provider prior to the conclusion of the PT study.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-7-5. Maintenance of PT records

(a) **Required records**. The laboratory shall maintain copies of all written, printed and electronic records, including but not limited to bench sheets, raw data, instrument strip charts or printouts, data calculations, and data reports, resulting from the analysis of any PT sample for a minimum of five (5) years. The records shall include a copy of the PT study report forms used by the laboratory to record PT results. All of these laboratory records shall be made readily available during on-site inspections of the laboratory.

(b) **PT report.** The PT study provider shall provide the participant laboratories and DEQ a report showing the laboratory's DEQ identification number and EPA identification number, prepared value, the acceptance range, and the acceptable/not acceptable status for each analyte reported by the laboratory and any other information DEQ deems necessary for accreditation purposes. The report and all associated data shall also be made available in electronic format as specified by DEQ. The report shall be submitted electronically as specified by DEQ.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-7-6. Evaluation of PT results

PT study providers shall evaluate results from all PT studies using mandated acceptance criteria.Each result shall be scored on an acceptable/not acceptable basis

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-7-7. PT criteria for laboratory accreditation

The following criteria apply individually to each analyte as defined by the laboratory seeking accreditation in its application:

(1) Results of the PT study shall be considered successful when the results are "acceptable" and are within the acceptable limits established and published by the PT Provider.

(2) DEQ shall consider PT results along with the other elements of these rules when determining a laboratory's accreditation status;

(3) For initial accreditation or supplemental testing, the studies must be at least seven (7) calendar days apart from the closing date of one study to the opening date of another study for the same analyte and matrix.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Amended at 39 Ok Reg 1065, eff 9-15-22; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-7-8. Failure to perform

DEQ shall not renew accreditation for a failed or omitted analyte for a laboratory that does not meet the requirements of this subchapter. Once accreditation for an analyte has been lost, the procedures for initial or interim accreditation shall apply.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-7-9. Supplemental studies

A laboratory may elect to participate in PT studies more frequently than required by the semiannual schedule. Additional studies are not distinguished from the routinely scheduled studies. They are counted and scored the same way and must be at least seven (7) calendar days apart from the closing date of one study to the opening date of another study for the same analyte and matrix.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Amended at 39 Ok Reg 1065, eff 9-15-22; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-7-10. Corrective action

When a laboratory fails a study, in part or in whole, it shall determine the cause for the failure and take any necessary corrective action. The laboratory shall then document both the investigation and the action(s) in a CAP. The CAP shall be submitted to DEQ within 45 days of PT study report issuance.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

SUBCHAPTER 9. QUALITY ASSURANCE/QUALITY CONTROL

PART 1. QUALITY ASSURANCE/QUALITY CONTROL GENERAL CRITERIA

252:302-9-1. Quality Assurance/Quality Control (QA/QC) Plan Required

Every accredited laboratory shall maintain a written QA plan and implement it into a QA/QC program to ensure that all routinely generated analytical data are scientifically valid and defensible and are of known and acceptable precision and accuracy.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-9-2. Format

(a) The QA plan shall list the following on the title page:

(1) a document title;
(2) the laboratory's full name and address;
(3) the name of the quality manager (however titled); and
(4) the effective date of the version.

(b) The QA plan shall also contain a Table of Contents, applicable lists of references and glossaries, and appendices.

[**Source:** Amended at 39 Ok Reg 1065, eff 9-15-22; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-9-3. Management information required in QA plan

The QA plan and related quality documentation shall state the laboratory's policies established in order to meet the requirements of this rule. The QA plan and related quality documentation shall also contain:

(1) a quality policy statement, including objectives and commitments, by top management;
(2) the organization and management structure of the laboratory, its place in any parent organization and relevant organizational charts;
(3) the relationship between management, technical operations, support services and the quality assurance plan;
(4) job descriptions of key staff and reference to the job descriptions of other staff;

(5) identification of the laboratory's approved signatories; at a minimum, the title page of the QA plan must have the signed and dated concurrence, (with appropriate titles) of all responsible parties including the quality manager(s), technical director(s), and the agent who is in charge of all laboratory activities such as the supervisor/consultant.

[**Source:** Amended at 39 Ok Reg 1065, eff 9-15-22; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-9-4. Procedures required for QA plan

The QA plan shall address supporting procedures including technical procedures and shall outline the structure of the documentation used in the quality assurance plans, including but not limited to the following:

(1) ensuring that all records required are retained;
(2) control and maintenance of documentation through a document control system that ensures that all SOPs, manuals, or documents clearly indicate the time period during which the procedure or document was in force;
(3) achieving traceability of measurements;
(4) handling submitted samples;
(5) feedback and corrective action whenever testing discrepancies are detected or departures from documented policies and procedures occur;
(6) dealing with complaints;
(7) protecting confidentiality (including national security concerns) and proprietary rights;
(8) audits and data review; and
(9) establishing that personnel are adequately experienced in the duties they are expected to carry out and are receiving any needed training.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-9-5. References included in QA plan

The QA plan shall make reference to the following:

(1) the calibration and/or verification test procedures used;
(2) the major equipment and reference measurement standards used as well as the facilities and services used by the laboratory in conducting tests;
(3) procedures for calibration, verification and maintenance of equipment;
(4) verification practices that may include inter-laboratory comparisons, PT programs, use of reference materials and internal quality control schemes; and
(5) procedures for reporting analytical results.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11; Amended at 43 Ok Reg, Number 21, effective 9-15-26]

252:302-9-6. Additional items included in QA Plan

The QA plan shall also include the following:

(1) a list of all test methods under which the laboratory performs its accredited testing; and
(2) mechanisms for ensuring that the laboratory reviews all new work to ensure that it has the appropriate facilities and resources before commencing such work.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11]

PART 3. STANDARD OPERATING PROCEDURES AND METHODS MANUAL

252:302-9-21. General

(a) The laboratory shall use appropriate methods and procedures for all environmental tests within its scope. These include sampling, handling, transport, storage and preparation of samples.
(b) The laboratory shall have instructions on the use and operation of all relevant equipment, and on the handling and preparation of samples where the absence of such instructions could jeopardize the results of

environmental tests. All instructions, standards, manuals and reference data relevant to the work of the laboratory shall be kept up to date and shall be made readily available to personnel. Deviation from environmental test and calibration methods shall occur only if the deviation has been documented, technically justified, authorized, and accepted by the client.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-9-22. Standard Operating Procedures (SOPs)

(a) Laboratories shall maintain Standard Operating Procedures (SOPs) that accurately reflect all phases of current laboratory activities such as assessing data integrity, corrective actions, handling customer complaints, and all test methods.
(b) SOPs may be equipment manuals provided by the manufacturer or internally written documents. Test methods may be copies of published methods as long as any changes or selected options in the methods are documented and included in the methods manual.
(c) Copies of all SOPs shall be accessible to all personnel.
(d) SOPs shall be well organized and shall clearly indicate the effective date of the document, the revision number and the signature(s) of the approving authority.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-9-23. Test method(s)

Each test method shall include or reference the following, where applicable:
(1) Identification of the test method;
(2) Detection limit;
(3) Equipment;
(4) Reagents and standards;
(5) Sample collection, preservation, shipment and storage;
(6) Quality control;
(7) Calibration and standardization;
(8) Procedure;
(9) Calculations;
(10) Acceptance criteria for quality control measures;
(11) References; and
(12) Any tables, diagrams, flowcharts and validation data.

[**Source:** Amended at 39 Ok Reg 1065, eff 9-15-22; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-9-24. Selection of methods

(a) The laboratory shall analyze water samples in accordance with methods approved by the laboratory accreditation officer as required by the Clean Water Act (CWA).
(b) The laboratory shall use methods for environmental testing, including methods for sampling, which meet the needs of the client and that are appropriate for the environmental tests it undertakes.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-9-25. Methodology incorporated by reference

"Guidelines Establishing Test Procedures for the Analysis of Pollutants" 40 C.F.R. Part 136, effective July 19, 2021, is hereby incorporated by reference. Any other EPA-approved method may also be incorporated by DEQ's laboratory accreditation program in writing.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Amended at 39 Ok Reg 1065, eff 9-15-22; Amended at 36 Ok Reg 1599, eff 9-15-19; Amended at 31 Ok Reg 1280, eff 9-12-14; Added at 28 Ok Reg 1201, eff 7-1-11]

PART 5. QA/QC PROGRAM REQUIREMENTS

252:302-9-31. QA/QC program required

Each accredited industrial discharge laboratory shall maintain a QA/QC program to demonstrate the precision and accuracy of analyses. The program shall be in place before accreditation is granted. For a minimum of five (5) years, each laboratory shall maintain records of all analyte accredited analyses, including but not limited to those necessary for a QA/QC program. Laboratories shall perform individual quality control for every analyte for which the laboratory is accredited or is applying for accreditation.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-9-32. QA/QC documentation

(a) Documentation shall be kept to ensure quality control has been maintained and that proper methodologies have been used for the preparation and analysis of samples. All documentation shall be maintained and be readily available for reference or inspection.

(b) The following QC documentation shall be maintained in each laboratory.

(1) **Bench records.** Data associated with analysis, date, time, analyst, method, amounts, calculations, sample matrix, sample identification.

(2) **Calibration data.**

(A) Each instrument shall have documented calibration on each day of use.

(B) Each calibration shall be verified with a quality control standard that is of a source separate from the calibration source.

(C) Each aliquot of a solution used for calibration and quality control shall be used only once.

(D) Calibration shall be documented either by the instrument printout or by calculations that show the curve or coefficient of the linear equation or slope.

(E) Automated on-line equipment shall be calibrated according to manufacturer's instructions.

(3) **Maintenance logs.** By instrument, dates and description of repairs, preventive maintenance, malfunctions, and other actions or events affecting instrument performance

(4) **QC charts.** Quality control procedures for monitoring the validity of each environmental test must be in place. The resulting data shall be recorded in such a way that trends are detectable. Data recorded shall consist of blanks, quality control standards and duplicates

(5) **Sample login.** Sample login, including unique sample identification, date, time, source of sample (including name, location and sample matrix), preservative used, analysis required, name of collector and any pertinent field.

[**Source:** Amended at 43 Ok Reg, Number 21, effective 9-15-26; Amended at 36 Ok Reg 1599, eff 9-15-19; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-9-33. Sample storage for pickup

Each day of use, laboratories shall record refrigerator temperature readings and any temperature excursions with corrective action in a logbook. Any thermometer used shall be calibrated or verified at least annually, using a recognized National Metrology Institute such as NIST, traceable references when available, bracketing the range of use.

[**Source:** Amended at 36 Ok Reg 1599, eff 9-15-19; Added at 28 Ok Reg 1201, eff 7-1-11]

252:302-9-34. Reagents and standards

(a) Laboratories shall use calibration standards established through the use of reference materials that are either:

(1) purchased by the laboratory with a certificate of analysis or purity,

(2) prepared by the laboratory using support equipment that has been calibrated,or

(3) verified to meet specifications.

(b) Laboratories shall record the lot number and expiration date of reagents and standards that do not have certificates of analysis.

[**Source:** Added at 28 Ok Reg 1201, eff 7-1-11]