



## EWQA Pre-Audit Questionnaire

### INSTRUCTIONS:

**AT ALL TIMES:** Your approved certificate is contingent on conditions observed at the onsite audit, continued satisfactory EQA, within a limited 3-year period. Ensure that EWQA is informed of any significant changes relating to your approved certificate by noting the change on this form and forwarding it to EWQA at your earliest convenience.

**AUDIT APPLICATION:** Please submit a completed form in advance of the onsite audit. This form provides the Auditors updated information about your laboratory that will assist them in preparing for their onsite assessment for compliance to the requirements for certification and serves as a quick summary of information provided on other documents.

**SITE SELF-ASSESSMENT:** Please submit a completed form, updating information as required.

**Note:** EWQA's scope: Drinking Water only

1. Laboratory Name (to appear on the certificate): \_\_\_\_\_  
Laboratory Location (address to appear on the certificate): \_\_\_\_\_
2. Area serviced: \_\_\_\_\_
3. Typical time for specimen transport: \_\_\_\_\_
4. Hours of Operation: \_\_\_\_\_
5. Frequency of drinking water testing & reporting: \_\_\_\_\_
6. Space allocated for water testing: \_\_\_\_\_ sq. ft.
7. Type of Laboratory:             Municipal     Private     Public Health
8. Water testing services offered:     DW     Pools     Spas     Beaches
9. Sample volume last year:    \_\_\_\_\_ DW    \_\_\_\_\_ Pools    \_\_\_\_\_ Spas    \_\_\_\_\_ Beaches



**10. Methods used – copied from Questionnaire (General Checklist):**

<b>Parameters / Methods</b>	<b>Check ✓</b>	<b>Standard Methods Online or Print</b>	<b>Dates of Last 2 Sets of CMPT PT Samples</b>
Total Coliform, <i>E.coli</i> / Membrane Filtration		_____	_____
Total Coliform, <i>E.coli</i> / MTF (MPN)		_____	_____
Total Coliform, <i>E.coli</i> / ESCT - Quant		_____	_____
Total Coliform, <i>E.coli</i> / CCA		_____	_____
Total Coliform, <i>E.coli</i> / _____		_____	_____
Total Coliform, <i>E.coli</i> / _____		_____	_____
Total Coliform, <i>E.coli</i> / _____		_____	_____
Total Coliform, <i>E.coli</i> / _____		_____	_____

Note: ESCT or EST - Enzyme Substrate Coliform Test

CCA - Chromocult Coliform Agar

MTF - Multiple Tube Fermentation

MPN – Most Probable Number



**11. Policies & Procedures (list all included in your application package):**

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12. Record Keeping Format:  Hardcopy  Electronic copy

13. Signed and dated by:  Analyst  Supervisor

14. Record retention: \_\_\_\_\_ years

15. Disposal process: \_\_\_\_\_

16. Timeliness of Reporting (DW Regulation):  
\_\_\_\_\_

17. Client References:  
\_\_\_\_\_

18. Name of EHO/MHO: \_\_\_\_\_ Phone No. \_\_\_\_\_

19. Name of Largest Submitter: \_\_\_\_\_ Phone No. \_\_\_\_\_

20. Name of EWQA's primary contact at this lab: \_\_\_\_\_ Phone No. \_\_\_\_\_

21. Name of EWQA's higher up escalation contact: \_\_\_\_\_ Phone No. \_\_\_\_\_



**23. Laboratory Personnel:**

Note: each position is cross-referenced to the audit questionnaire

Position / Title	Name	Education Level Degree/Major	Specialized Training	Present Specialty	Experience including # years current position
Laboratory Supervisor	_____	_____	_____	_____	_____
Laboratory Consultant	_____	_____	_____	_____	_____
Primary Analyst	_____	_____	_____	_____	_____
Analyst 2	_____	_____	_____	_____	_____
Analyst 3	_____	_____	_____	_____	_____
Analyst 4	_____	_____	_____	_____	_____
Others	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



**24. Capital Equipment List & Maintenance Summary:**

**Note:** Each item is cross-referenced to the audit questionnaire; complete each as appropriate. Add more rows as required and indicate n/a for any items not used.

ITEM	MAKE	MODEL	DATE Serviced / Calibrated
a. Temperature Monitoring Device	_____	_____	_____
b. Balance (top loader or pan)	_____	_____	_____
c. pH Meter	_____	_____	_____
d. Water purification system	_____	_____	_____
e. Water still	_____	_____	_____
f. Mechanical dispensing apparatus	_____	_____	_____
g. Hot air sterilizing oven	_____	_____	_____



ITEM	MAKE	MODEL	DATE Serviced / Calibrated
h. Autoclave	_____	_____	_____
i. Refrigerator	_____	_____	_____
j. Freezer	_____	_____	_____
k. Membrane filtration equipment	_____	_____	_____
l. UV light	_____	_____	_____
m. Biohazard safety cabinet	_____	_____	_____
n. Water bath	_____	_____	_____



ITEM	MAKE	MODEL	DATE Serviced / Calibrated
o. Incubator	_____	_____	_____
p. Microscopes/ Optical Equipment	_____	_____	_____
q. Conductivity Meter	_____	_____	_____
r. Microwave	_____	_____	_____
Other relevant equipment:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





**25. For Site Self-Assessment (add as many pages as you need):**

Date of last onsite Audit: \_\_\_\_\_

Summary of changes since last audit:

*Include progress report on corrective action items as a result of the last audit; and any notable preventative action taken in preparation for the next audit.*

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