[Insert Logo here]

Laboratory Name

MDH State Lab Code

EPA Lab ID

NPDES Permit Number (if applicable)

# Demonstration of Capability (DOC) Form for Microbiology

**Do not use this form for Chemistry DOCs. This form is intended as guidance only.**

**For specific requirements, please refer to** [**2009 TNI Standard, Vol. 1, Module 4**](http://nelac-institute.org/content/CSDP/standards.php)

Reference Method (with revision number and effective date)

SOP Number (with revision number and effective date)

**DOC Type**:  Initial  Ongoing

**Reason(s) for this DOC**:

New Method

Change to Procedure

New Analyte Added to SOP

New Analyst

Annual Demonstration (Ongoing)

**DOC Data Source**:   
(What procedure did you use to perform this study?)

Proficiency Testing Study (unknown to lab and analyst) Study ID: \_\_\_\_\_\_\_\_\_\_

Control Organism (Standard Methods 9020-97)

QC Sample (e.g. Lab Control Sample, Lab Fortified Blank) **Note**: The QC may be analyzed concurrently or over a series of days.

Monitor Trends (e.g. review of control charts)

☐ Duplicate Aliquots

☐ Other

**Target Organisms:** (check all that apply)

Total Coliform

E. coli

Fecal Coliform

Other

Matrix

Reported Units

**Summary Chart**

(Only to be used for duplicate aliquots for the data source. For all other DOC data sources, including presence/absence tests, attach a copy of the raw data to this form. Acceptance limits must meet the criteria in your Quality Manual.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Analysis Date | Lab Sample ID | Analyst 1 Recovered Value | Log of Analyst 1 Recovered Value | Analyst 2 Recovered Value | Log of Analyst 2 Recovered Value | Pass/Fail\* |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

**□ PASS □ FAIL**

Analyst Name (print) Analyst Signature Approval Date

Reviewer/Manager Name (print) Reviewer/Manager Signature Approval Date

*Effective Date:  
Edited by MNELAP, 2013*