MDH Standard QA Adoption Form

Instructions

While you are not required to use the MDH QA Plan template, it is the easiest way to meet the QA Plan requirement.

By completing and submitting this form, you are choosing to adopt the MDH Standard QA Plan version 3.2. This QA Plan contains the minimum QA Plan requirements based on MN Statues, Rules, adopted protocols, and the US EPA National Radon Proficiency Program Guidance on Quality Assurance.

The full MDH Standard QA Plan must be reviewed by all persons signing and be made available for future use. MDH must be notified within 30 days of any changes to the QA plan.

If MDH updates the MDH Standard QA Plan version 3.2, then each licensed person will receive notice of changes.

Completing a written Quality Assurance Plan does not in itself fulfill requirements. Quality Control is an ongoing process of tracking quality and comparing observed results to your quality policy for measurements and objectives.

MDH does not require submission of the notification forms, report template and quality control tracking method as part of the QA plan review. If you would like a review of any of these documents to ensure they are compliant with the rules and standards, please submit them to health.indoorair@state.mn.us .

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Organization

Company Name _____

Type of testing performed: ☐ Single family ☐ Multifamily* ☐ Commercial/Schools*

*Multifamily (MF) and commercial/school (SLB) testing requires significantly more communication, notifications, testing, report requirements and documentation than single family testing. Please carefully read the standards prior to determining if you want to do this type of testing. While not required, it is recommended to take a MF/SLB class prior to conducting this type of testing.

Review the following statements and check that you agree.

☐ I have had adequate training on the specific measurement devices I use, and the operator's manual is accessible for review.

☐ If using continuous radon monitors, I have at least two.

- ☐ If no, how will duplicates/ multiple foundation testing be done?

  _____

  (e.g., passive devices, or combination of CRM and passive device)

☐ I understand that CRMs must be removed from service if they have not been calibrated within the last year.

☐ I understand that I am required to conduct duplicates at a rate of 10%. If I use passive devices, I also must conduct blanks and spikes per the QA Plan and ANSI/AARST requirements.

☐ I understand that quality control measurements (duplicates, blanks, spikes) must be recorded in a method that shows the individual results, the device identifiers (e.g., serial #/test kit #), and the relative percent difference for duplicates or relative percent error for spikes.

☐ I understand that investigation and possible corrective action (e.g., send to manufacturer) is required when quality control measurements (duplicates, blanks, spikes) are outside of expected ranges or show signs of concern.

☐ I agree that I will follow the Minnesota Radon Licensing Act statute, rules, and standards.

☐ I understand that I am responsible for ensuring notification forms and reports meet ANSI/AARST Standards (AARST Radon Standards).**

**Templates submitted via the licensing system may not be reviewed. If you want MDH to review your templates to ensure they meet requirements, please email them to health.indoorair@state.mn.us.

Signature and Adoption

By signing below, I/we agree to adopt and follow the MDH standard QA plan – version 3.2. I/we have reviewed and made the QA plan accessible for future use and will notify MDH of any changes to this adoption form.

(Must be signed by Owner, QA officer, or responsible party and licensed measurement technicians.) (Only sign once if sole proprietor.)

Signature _____ Print Name_____

Title _____ Date _____

Signature _____ Print Name_____

Title _____ Date _____

Signature _____ Print Name_____

Title _____ Date _____

Minnesota Department of Health Indoor Air Unit
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651-201-4601
health.indoorair@state.mn.us
www.health.state.mn.us

04/06/2022

To obtain this information in a different format, call: 651-201-4601.