

**NRMRL PRODUCT QA/QC VERIFICATION REPORT**

| <b>A. General Information</b> |  |                          |
|-------------------------------|--|--------------------------|
| Date Submitted:               |  |                          |
| EPA Technical Lead Person:    |  |                          |
| Product Title:                |  |                          |
| Product Type: (check one)     | Journal Article                          | <input type="checkbox"/> |
|                               | Symposium/Conference Paper               | <input type="checkbox"/> |
|                               | Report for Publication                   | <input type="checkbox"/> |
|                               | Extended Abstract                        | <input type="checkbox"/> |
|                               | Computer Product/Software/Model/Database | <input type="checkbox"/> |
|                               | Scientific Data                          | <input type="checkbox"/> |
|                               | Other (identify):                        |                          |
| Date Review Requested By:     |  |                          |

| <b>B. QAPP Status</b>  |                              |                             |
|--|------------------------------|-----------------------------|
| Was a QAPP required for project activities relating to this product?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was a QAPP prepared and approved by QA prior to collecting data used to make conclusions in the product? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, provide the following:<br>QA ID Number: _____ QA Approval Date: _____                            |                              |                             |
| If no, explain:  |                              |                             |
|  |                              |                             |

| <b>C. Data Quality Summary</b>            |  |
|---|--|
| Please mark the following as appropriate: |  |
| <input type="checkbox"/>                  | All project data quality indicator (DQI) requirements were met (i.e., all QA/QC checks specified in the QAPP were performed and acceptance criteria were met). |
| <input type="checkbox"/>                  | Some project DQI requirements were not met. Data quality IS NOT adversely affected. (Consult Division QA Manager if needed.)                                   |
| <input type="checkbox"/>                  | Some project DQI requirements were not met. Data quality IS adversely affected. (Consult Division QA Manager if needed.)                                       |
| <input type="checkbox"/>                  | Not Applicable. Explain:   |
| Discussion of Data Limitations:           |  |
|   |  |

| <b>D. Signature</b>   |             |
|---|-------------|
| The signature below verifies that the information on this form is accurate and that the product is ready to be subjected to QA review prior to submission for clearance. <i>(Sign/date below and forward to QA Manager with the product documentation.)</i> |             |
|   |             |
| <b>Technical Lead Person (TLP)</b>  | <b>Date</b> |