CONNECTICUT
ENVIRONMENTAL LABORATORY ADVISORY COMMITTEE

MEETING MINUTES

April 12, 2007

Attendees:	Phil Rusconi	Premier Laboratories
	Jeffrey Curran	Dept. of Public Health
	Kim Maloney	Town of Wallingford
	Dermot Jones	Dept. of Public Health
	Philip Schlossberg	Dept. of Public Health
	Barbara Obert	Baron Consulting
	Peter Frick	STL Laboratories
	Donna Ruokonen	Northeast Laboratories
	Dr. Xie	
	Greg Lawrence	Phoenix Laboratories
	Donna Ruokonen	Northeast Laboratories
	Robyn Hall	MDC

Administrative:

1. The meeting was called to order at 9:30 AM.
2. Kevin Miller and Bert Geuser had excused absences. Terry Spalletta did not attend.
3. February minutes were accepted and seconded.

Old Business:

DPH Update

4. (Jeff) The methods update rule went into effect on 4/11/07. The wastewater bacteria analysis rule goes into effect 4/25/07.
5. (Phil S and Dermot) Distributed handouts including; Test Procedures for the Analysis of Pollutants Under the Clean Water Act (final rule), Analytical Methods for Biological Pollutants in Wastewater and Sewage Sludge (final rule), Expedited Approval of Test Procedures of Contaminants Under the SDWA, USEPA memorandum on Flexibility to Modify CWA Methods (4/2/07), and USEPA memorandum on Standard Methods approved for drinking water and wastewater analysis.
6. (Phil S) Going forward please provide updated method references (EPA600 vs Standard Methods).
7. (Kim) Spreadsheet OK (parameter & updated method)?
8. (Dermot) That's fine.

9. (Jeff) Note that PT samples are to be full list. NY PEs for example are a short list.Letters have gone out to 5 labs in the state who are not reporting the full list. In 2008 this provision will be enforced.
10. (Phil S) Watch for regulated and unregulated lists with your PT provider.
11. (Kim) What is the difference between accepted and approved methods?
12. (Phil S) "Accepted" is the same method packaged differently.
13. (Jeff) An example is cyanide analysis. The method calls for distillation and a manual color development. If you have an autoanalyzer using the same chemistry, this would be an accepted method.
14. (Kim) Asking because New Hampshire only recognizes "approved" methods.
15. (Phil S) That is strange. Accepted methods are OK to use.

New Business

Membership Review

16. (Donna) Introduced Robyn Hall to the group.
17. (Donna) Any questions for Robyn?
18. (Jeff) Have you had a chance to look at the by-laws?
19. (Robyn) Halim has provided agreat deal of information, but hasn't had a chance to go through it all.
20. (Jeff) If you miss more than two meetings without an excused absence, that is a problem. Terms are three years.
21. (Donna) I'll send you the by-laws.
22. (Jeff) We are working on drafting regulations to submit to the Attorney General's office to ensure that we have not over stepped our bounds, from there the draft would go to the General Assembly subcommittee before being adopted. The process can take two to three years.
23. (Dermot) We are using NELAC as a reference, just not sure if we want to go to ISO standards.
24. (Robyn) Any particular area of the current regulations that we are looking at?
25. (Dermot) Across the board review of current regulations.
26. (Donna) Excused Robyn from the room to vote.
27. (Phil R) Move to accept Robyn Hall as a member.
28. (All) Seconded.
29. (All) Current membership discussion.
30. (Donna) Returned Robyn to the meeting.

Connecticut Environmental Laboratory Regulation Subcommittees

Subcommittee Groups:

A. **PE Testing**; Kim, Barbara, and Phil S.
B. **Lab Audits**; Donna, Dermot, Dr. Xie, Greg, and Phil R.
C. **Quality Control**; Jeff, Pete, Robyn, and Bert

Kevin and Terry are to select workgroups at the next ELAC meeting.

Wrap Up Discussion

QC Workgroup

31. (Jeff) We started with the big picture items. Each lab must have a designated QA/QC person allowing for small labs to have a “multi-hat” person assigned. Laboratories should have a Quality Manual and SOPs. This should be administrative as well as analytical. We plan to specify the minimum number of administrative SOPs. They should include an SOP on SOPs, document control, possibly a couple others. We discussed outlines that should be present for SOPs and the Quality Manual. These include management responsibilities, QA sample types and frequency, training, internal audits, and secondary review. We had some discussion on ethics if these should be included in the quality manual. Next step is to develop the quality outline, and that is what we will do at the next meeting.

PE Testing Workgroup.

32. (Kim) Started with method/ analyte/ matrix list and the approved EPA vendor list. The discussion included getting certified, decertification and the 45 day rule. We had a discussion whether to include dynamic parameters. Should list that can change from year to year be included? Planned on including micro and asbestos. Should lead in paint chips be included?
33. (Jeff) The way the regulations read now is that laboratories will participate in the DOH specified program.
34. (Phil S) This gives the DPH a lot of latitude to make small changes.
35. (Kim) Perhaps staying with the EPA approved vendor list is the way to then, rather than specifying the list.
36. (Phil S) As hard as it is to change regulations this makes sense.
37. (Jeff) It does provide the latitude, the problem with this approach is that if a lab fails and we move to decertify them, they can press the point that this isn’t explicit in the regulations.
38. (Kim) We leave that part of the current language in the document to give you that authority.
39. (Jeff) I’d be in favor of keeping this language. When we send this to the AG, we can flag this as a question.
40. (Donna) Can the regulations point to another document so that the list doesn’t have to be set forever?
41. (Dermot) That is what we are currently doing.
42. (Jeff) Then why don’t more regulations read this way. It is just a concern.
43. (Dermot) Rhode Island has something like this
44. (Jeff) We can try it. I’m just not sure what would happen if we were challenged.

Lab Audit workgroup

45. (Greg) We focused on the process of an audit. The discussion included initial, continuing, and investigation audits. Discussed if these audits would be the same or would they be different. Dermot provided a flowchart of the current audit process. The next step is to work tables and lists for an audit in order to keep audits consistent.
46. (Jeff) Why do we want to regulate to that detail?
47. (Greg) The intent is to add “teeth” and clear expectations to the current regulations

48. (Donna) Different situation if its an investigation
49. (Jeff) Inspect any and all records. This sounds like an SOP not regulation.
50. (Greg) Looking to define process.
51. (Dermot) Current regulations are very “thin”. We need to add detail. As an example the current statute only mentions adequate housing. Need to add equipment and personnel to the mix.
52. (Jeff) Consider having the audit section and lab standards working together
53. (Greg) Adequate “housing” is too variable.
54. (Phil R) The inspection should be to confirm that the regulations are being met. Other sections contain much of this information perhaps we should be looking at filling gaps in those areas as it relates to audits.
55. (Dermot) Current regulations read inspection “as are necessary”, this needs to be more specific.
56. (Jeff) Agreed. The audit process is driven by EPA in terms of frequency and what we are looking at. Generally, this will remain the same, as methods and technology changes the details will be updated.
57. (Greg)
58. (Donna) How much detail do we want in this section?
59. (Phil R) We the regulation to provide the authority for inspections
60. (Jeff) As an example, when we write our current reports we have three types of findings; deficiencies, recommendations, and observations. We should specify the timeframe to write the report and to response timeframe with a corrective action plan. If the plan is not satisfactory, that can be grounds for decertification. Specify what the auditors have to do and what the lab has to do.
61. (Dermot) That sounds more like an SOP again.
62. (Greg) We were focusing more on process in this first session; we will look at this from a more regulatory perspective at the next meeting.
63. Meeting adjourned at 12:01pm

Remaining 2007 Scheduled Meeting Dates at the MDC Training Center:

May 18th	June 22nd	August 24th	September 14th
October 12th	November 9th	December 14th	

Submitted by: Peter Frick