ORELAP

Multi-analyte/Method MDL Summary

Laboratory Name: _____

ORELAP ID: _____

QA Officer: _____

Analyst: _____

Analysis Date: _____

Method: _____

Units: _____

Analytes	MDL

ORELAP

Single analyte/Method MDL Summary

Laboratory Name: _____ ORELAP ID: _____

QA Officer: _____

Field of Testing: _____

Method	Analyte	MDL	Units	Analyst	Analysis Date

ORELAP

DOC Summary

Laboratory Name: _____ ORELAP ID: _____

QA Officer:

	Analyst's Initials:											
Method	Field of Testing											

Note: Enter the date of completion for the DOC for each method and analyst. The actual results will be reviewed during the On-site assessment.