# Laboratory Certification Standards Review Council Meeting Minutes From 1/24/2023

#### Attendance (21)

7 Council Members (6): Paul Junio (Chair), Jennifer Buchholz, Tad Schwartzhoff, Brenda Anderson, Craig Obry, Christine

LesCamela, Matt Schmeichel (absent)

7 DNR Staff (5): Steve Geis, Tom Trainor, Zana Sijan, Brandy Baker-Muhich, Autumn Farrell, Patty Doerflinger (absent),

Janelle Nehs (absent)

Guests (10): Alfredo Sotomayor (Milw MSD), RT Krueger (NLS), Steven Hefter (NLS), Brooke Klingbeil (Medford),

Camille Danielson (WSLH), Erin Mani (WSLH), Amanda Kordus (Badger), Lynda Seeger (Madison PH),

Meredith Bowers (AgSource), Mary Powers (Madison MSD)

## Agenda repair and approval of last meeting minutes

Agenda repair: None.

The last meeting minutes were approved.

# Outstanding issues from last meeting

None

### **Program metrics report**

# Large-scale lab metrics: July 2022 - December 2022 (FY 2023 partial)

- Completed: Audited = 89%, Reports Issued = 89%, Closed = 111%, Applications = 1.
- Backlog of labs = 10.
- Reports issued within 60 days = 88%.
- Audits not closed over 1 year from report date = 1.
- Active labs = 114.
- New labs applied to program since 1.9.23 = 1.
- Labs dropped from program since the last meeting = 0.

#### Small-scale labs: July 2022 - December 2022 (FY 2023 partial)

- Completed: Audited = 97%, Reports Issued = 119%, Closed = 78%, Applications = 0.
- Backlog of labs = 28.
- Reports issued within 30 days = 86%.
- Audits not closed over 1 year from report date = 0.
- Active labs = 216.
- New labs applied to program since last meeting = 0.
- Labs dropped from program since last meeting = 0.

### Other business items

- Tom indicated that the final proposed FY24 budget is identical to the information presented at the November 2022 meeting. FTE fringe rate increased from 41% to 47.6%, and in-state travel expense was decreased from \$25,100 to \$15,500 (based on data from FY22). RVUs were down 43 overall. The resulting cost per RVU is 76.50, which is a 2% (\$1.50) increase from the previous year. The council approved the FY24 budget we proposed. Tom will send the resolution statement to Paul for his signature on behalf of the council.
- Annual council elections were held. Paul was reelected Chair, Jennifer was reelected Vice-Chair, and Craig was reelected Secretary. No membership terms expired.
- Annual variance review was conducted. There are two active variances. WSLH and SRN have variances. Both are to provide a non-aqueous PT in lieu of an aqueous PT because the laboratories do not perform the aqueous testing. It was agreed that these variances are justified and are allowed to continue.

## **Program updates**

- **EPA 533 method.** Tom indicated that the program is ready to offer this certification. An email will be sent to all PFAS certified labs before the end of the month letting them know about this option.
- **EPA 1633 draft method.** Tom said the 3<sup>rd</sup> draft of EPA method 1633 was released late last month. EPA indicated that they expect to release 4<sup>th</sup> and 5<sup>th</sup> drafts of this method in 2023. Paul mentioned that he thought Erin Mani's comments at the last meeting regarding this method seems to be the best approach. Erin stated that her preference was not to use a method where we know the method will still need to be updated, and she thought it would be best to keep our current accreditation approach until this method is promulgated. Tom said that we plan on keeping the current approach and allowing 1633 if it meets the expectations document.
- Public drinking water program's (DG) problems with labs. The DG program has been noticing frequent or chronic reporting issues at some certified laboratories that provide analysis results to them. As a result, the DG program created a statewide team to track the errors that they are seeing. This tracking began in October 2022. The DG program was wondering if there was anything that the lab cert program could do to help minimize these problems. Jennifer indicated that there is going to be some percentage of error because it is humans doing the work. Jennifer asked what percentage of error is acceptable. Alfredo said statistically there is going to be some percentage of error, and that the laboratories have an ethical responsibility to report these errors to their clients. Alfredo also said that chronic errors is an indication of a quality system failure, and it needs to be addressed. Alfredo recommends starting with the bad actors. Paul and RT thought that laboratory management should be made aware of these problems so they can address them. Bottom line is that laboratories are responsible to report their data accurately. Paul said we should consider putting something in the next update to NR 149 to clearly cover this. Tom mentioned that maybe DG specialists should contact the laboratory's QM directly so that they are aware of these issues. Paul said to use NR 149.29 (2)(d) as a citation reference.

### Council member issues

 Paul indicated that Dan Hickman is retiring and will no longer be managing IT items for TNI. Paul and William Daystrom will be picking up his responsibilities.

## Checkout and next meeting date

 The next meeting is scheduled for April 25, 2023, at 9 AM. We are planning to include an in-person meeting option at the WSLH.