

Annual Recertification for a Multi-Year QAPP

1. QAPP Title:			
2. QAPP Type (check type) <div style="display: flex; align-items: flex-start; margin-left: 20px;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> 2nd Year Quality Assurance Project Plan (QAPP) 3rd Year QAPP 4th Year QAPP 5th Year QAPP </div> </div>			
3. QAPP Background (Coverage)		Start Operating Period: _____ Ending Operating Period Year: _____ Original Approval Date: _____	
4. Recertification			
4.a.1) Reviewed QAPP using Region 8 checklist?			Yes/No
4.a.2) QAPP has been reviewed and determined to accurately describe the project activities for _____.			Yes/No/No Change
4.b.1) QAPP has been revised and updated to accurately describe the project activities for _____.			Yes/No/No Change
4.b.2) A summary of the revisions are noted in the attached table.			Yes/No
4.c.1) The project activities is consistent with the workplan for FY _____.			Yes/No
4.c.2) Workplan amount (for this FY): _____			
5. Signatures: (name, title, signature, and date)			
_____	<u>Grantee Project Manager</u>	_____	_____
5.a. name	title	signature	date
_____	<u>Grantee QA Manager</u>	_____	_____
5.b. name	title	signature	date
_____	<u>EPA Program Manager</u>	_____	_____
5.c. name	title	signature	date
_____	<u>EPA Project Officer</u>	_____	_____
5.d. name	title	signature	date
_____	<u>EPA QA Director</u>	_____	_____
5.e. name	title	signature	date

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Instructions for Completing Form 7-2010 QAPP Annual Recertification

1. State name of Quality Assurance Project Plan (QAPP)
2. Check the review year.
3. State the fiscal year (FY) and/or the date (month and year) that this QAPP was approved before.
State the FY and date that this QAPP will expire.
State the original QA Director approval date. (This is to track/confirm the correct document is being track.)
Note: A QAPP can have an approved operating period up to five (5) years. The QAPP must state the operating period.
4. Questions are self explanatory.
Note: Region 8 QAPP Checklist means = completing Form 7-2010 (Generic QAPP Checklist) or 7-2010a (Tribal QAPP Checklist).
The workplan/grant application (i.e., the document listing the dollar amount and corresponding project description) must be reviewed with the QAPP to confirm that the funding amount matches the project activities for that given fiscal year's funding.
5. The signatures on the original QAPP approval should be obtained. At a minimum, signatures for 5a, 5b, 5d, and 5e must be obtained.
6. This table is an example format to be included at the front of the QAPP (after the signature page) summarizing the changes made to the QAPP. The summary should be short but clear to allow the reader sufficient information on what has changed.

Example:

6. Annual Summary of Changes			FY <u>11</u>
			Revision #: 1
Date	QAPP Section	Description of Change	
6/6/10	Section 4 (A4)	Project Organization – change in Project Manager	