

## **TNI PT Program Executive Committee Meeting Summary**

**October 20, 2016**

### 1. Roll call and approval of minutes:

Chair, Maria Friedman, called the TNI PT Program Executive Committee (PTPEC) meeting to order on October 20, 2016, at 1:05 PM Eastern by teleconference. Attendance is recorded in Attachment A – there were 8 Executive Committee members present. Associate Members Present: Shawn Kassner, Craig Huff, Stacie Metzler, and Carl Kircher (until 1:35pm).

Maria confirmed that everyone received the meeting information she sent on October 18, 2016.

The September meeting minutes were reviewed by the committee. A motion was made by Eric to approve the September 22, 2016 minutes as written. The motion was seconded by Dixie and unanimously approved.

### 2. Updates

- Maria spoke to William Daystrom about the TNI PT database. He does not have an expected completion date, but he has started the programming. Maria will continue to follow-up on this.
- Maria sent an email to Carl about Radiochemistry. She asked that Carl follow the same procedure he used last time to request the data to work on the Radiochemistry FoPT table. He needs to provide a date range. Carl was not sure what dates to go back to make sure there is enough data. Shawn suggested that at least 5 years of data be looked at (7/1/2011 to 7/1/16). Shawn noted that the table has “activities” instead of “concentrations” when working with radiochemistry. Carl agreed. Maria will make this substitution on the template of data types to be requested and send it to Carl for review and updating before she sends it to the PT Providers.

A meeting will be scheduled for the Chemistry FoPT Subcommittee as soon as the data is received.

### 3. Drinking Water

Maria asked Carl about the new Langelier Index Footnote. Should the committee change the “should” to a “must” in Footnote 13i? Shawn asked if there are other Footnotes that

include “must”. Maria noted that Footnote 1 was just changed to “must” because of the language in Volume 3 that Nicole noted in the last meeting.

Eric suggested that the language be handled similar to Footnote 13h. He suggests: The assigned value is to be calculated based on the solution .... Something similar could be done to Footnote 1.

There was agreement to make this change.

Last meeting, there was agreement that Footnote 1 will be placed with each applicable analyte. Eric asked if just putting it on the header would be sufficient. Maria noted that the committee had decided to put the footnote with each primary analyte. Maria asked if this should be done by the Chemistry FoPT Subcommittee or the PTP Executive Committee? Maria will add the footnotes to the proper analytes and it will be reviewed during the next PTPEC meeting.

Eric asked if the language for Footnote 13i will be voted on when the footnotes are done or should voting be done now? It will be voted on when the table updates are complete.

Eric asked if “Assigned Value” in Footnote 1 and 13i should be lowercase. Also in 13i, “Criteria” also needs to be lowercase. These corrections will be made.

#### 4. Analyte Code Request

Maria received an email back from Dan Hickman – TNI LAMS Administrator (10/14/16):

*I'm not sure what's going on here.*

*9503 – Non-Polar Extractable Material (TPH) is inactive because it was a duplicate entry*

*1935 has been “Total Recoverable Petroleum Hydrocarbons (TRPH)” since before 2008.*

*I believe Tyler is right and the correct number for the PT table is 1853.*

Craig Huff sent Maria an email (9/24/16) about this topic, but she did not remember receiving it. It was discussed on the last FoPT Table Format Subcommittee. Maria found the email and will send it on to the committee members for review at the next meeting. Shawn noted that this will be very involved. There will be a lot of implementation issues that will need to be considered.

## 5. 2016 Standard Review – Volumes 3 and 4

Maria noted that the PTPA Evaluation Checklist will be worked on after the Standard is reviewed and approved. There will be changes that will need to be incorporated into the Checklist.

The committee continued with the review of the Standard they started last month. Today they started at Section 4.3.

Section 4.7: Shawn remembers something happening over 15 year ago and he can't remember there ever having been a dispute. No comments on this section.

Andy asked to look back at Section 4.2. As analytes are added to the FoPT tables, there needs to be time for the PT Providers to add the analyte. It makes it difficult for labs to add analytes and get it on to their certifications.

Shawn outlined the process for updating/adding analytes from the PT Provider's perspective. There is a time window for the analyte in the table to become active. Six months is enough time for a PT Provider to add the analyte and get it added through the PTPAs. Many times the PT Providers are already working with analytes that are later added to the TNI FoPT table.

Jennifer Duhon noted that they can add analytes through the PTPA's without any problem.

Andy is fine with Section 4.2 after Shawn and Jennifer's comments.

### Section 5.

Stacie reminded everyone that the Standard is written in a way that PT Providers can be assessed to it.

Section 5.5.3.4: Maria pointed out that there are parts of the Standard that don't include the language about justification for modification (Section 5.5.3.4.2). She thinks it should be consistent and similar sections should include this language. Section 5.7.1.2 is an example where the language is used. Gil thinks it is redundant.

Shawn looked for clarification on whether Maria thought this needs to be changed in the Standard. If so, the PT Expert Committee will then need to decide if it is an editorial change or whether the Volume needs to go back through the process to make a change. Maria thought it is editorial because it is consistently added in most all parts of the Standard.

It was emphasized that the committee is just reviewing the Standard thoroughly before it votes on it. Comments will be collected and at the end of the review process the comments will be reviewed. The committee will then decide if something is really an

issue and needs to go back to the PT Expert Committee. Ilona noted that the committee went through the Standards during the voting period and provided concerns at that time. The committee does not expect to find any substantive issues. Maria wants to be sure everyone is familiar with the final version of the Standard.

Section 5.6.1.4: Maria asked about criteria for the calibration material itself. Shawn pointed out that Section 5.6.1.5 should be looked at and that the section is titled Verification of Assigned Values.

Shawn suggested that Maria have everyone review the Standard ahead of the meeting and then ask for questions or concerns. He thinks this would be more productive than going through it line by line. Maria said that copies of the standards have been previously distributed and the committee members have already been requested to review them ahead of time.

Maria will continue to review the Standard by email and she will consider the recommendation. Eric expects that everyone should have been able to finish their review of Volume 3 and maybe Volume 4. If they have any questions or concerns, they should be emailed to Maria for discussion on our next call. Volume 4 could be finished up in December.

*(Addition 11/3/16 – Maria forwarded a summary of comments made to date on Volume 3. This is included in Attachment D. This list will be added to by email and will be used for the November discussion.)*

Ilona asked Shawn if the expected SOPs for Volume 4 will affect the PTPA Evaluation Checklist. He does not expect any impact on the Checklist since the procedures will be relevant to the PTPEC – not the PTPAs and PT Providers.

The Standards should be reviewed and the committee should look for the language that was removed from the 2009 Standard to get direction on what SOPs need to be written. This should not have impact on approving the Standard, but may impact implementation date.

## 6. PT Levels on SCM PT Table

Maria received an email from Tyler Croteau. The email exchange can be viewed in Attachment E. She asked everyone to review the exchange. Shawn noted that the accreditation is analyte by technology and doesn't take into account concentration range. He suggested that they run one PT at one level and then another at another level. These are ongoing discussions. This is an issue being discussed by ABs. Eric thought the previous response from the NELAP AC was that they wanted the lab to run the most appropriate concentration that the lab runs samples for. Labs were not expected to run two PT samples at different concentrations. If a lab chose to do this ... missing something in either PT would be considered a miss and corrective action would be needed.

There was agreement this is a question for the NELAP AC.

## 7. Subcommittee Report

### FoPT Format Subcommittee

Shawn provided a report. They are working on the DW table.

### Chemistry FoPT Subcommittee

Carl provided a update before he left the call. The subcommittee will not be meeting until they have specific action items. They are now waiting for the Radiochemistry data.

### SOP Subcommittee

There was no meeting this last month.

### Microbiology FoPT Subcommittee

Maria noted that they are still working on the data they have received from the PT Providers.

## 8. Action Items

The action items can be found in Attachment B. They will be reviewed at the next meeting.

## 9. Next Meeting

The next PTPEC teleconference will be November 17, 2016. Ilona will work with Maria prior to the meeting so we can add Webex to the next call to make review of the Standard easier.

Action Items are included in Attachment B and Attachment C includes a listing of reminders.

Maria adjourned the meeting at 2:35pm Eastern. (Motion: Gil Second: Andy Unanimously approved.)

## Attachment A

### Participants TNI

#### Proficiency Testing Program Executive Committee

Members	Affiliation	Contact Information
Maria Friedman (2014) <b>Present</b>	n/a	949-307-0949 <a href="mailto:gamfriedman@gmail.com">gamfriedman@gmail.com</a>
Ilona Taunton, Program Administrator <b>Present</b>	TNI	828-712-9242 <a href="mailto:tauntoni@msn.com">tauntoni@msn.com</a>
Eric Smith (2010) <b>Present</b>	ALS Environmental	904-394-4415 <a href="mailto:eric.smith@alsglobal.com">eric.smith@alsglobal.com</a>
Justin Brown (2011) <b>Absent</b>	Environmental Monitoring and Technologies, Inc.	847-875-2271 <a href="mailto:jbrown@emt.com">jbrown@emt.com</a>
Susan Jackson (2012) <b>Absent</b>	South Carolina DHEC	(803)896-0978 <a href="mailto:jacksosb@dhec.sc.gov">jacksosb@dhec.sc.gov</a>
Nicole Cairns (2012) <b>Absent</b>	NY State DOH	(518) 473-0323 <a href="mailto:nicole.cairns@health.ny.gov">nicole.cairns@health.ny.gov</a>
Joe Pardue (2011) <b>Absent</b>	Pro2Serve, Inc.	423-337-3121 <a href="mailto:joe_pardue@charter.net">joe_pardue@charter.net</a>
Dr. Andy Valkenburg_(2011) <b>Present</b>	Energy Laboratories, Inc.	406-869-6254 <a href="mailto:avalkenburg@energylab.com">avalkenburg@energylab.com</a>
Jennifer Duhon (2019) <b>Present</b>	Millipore Sigma	307-3897218 <a href="mailto:jennifer.duhon@sial.com">jennifer.duhon@sial.com</a>
Matt Sica <b>Absent</b>	ANAB, ANSI-ASQ National Accreditation Board	<a href="mailto:msica@anab.org">msica@anab.org</a>
Dixie Marlin (2015) <b>Present</b>	Marlin Quality Management, LLC	513-309-3593 <a href="mailto:marlinquality@gmail.com">marlinquality@gmail.com</a>
Gil Dichter (2015) <b>Present (1:35pm)</b>	IDEXX Water	207-556-4687 <a href="mailto:gil-dichter@idexx.com">gil-dichter@idexx.com</a>
Patrick Garrity (2019) <b>Present</b>	Kentucky DEP	502-319-4040 <a href="mailto:patrick.garrity@ky.gov">patrick.garrity@ky.gov</a>
Michella Karapondo (2019) <b>Present</b>	USEPA	<b>513-569-7141</b> <a href="mailto:karapondo.michella@epa.gov">karapondo.michella@epa.gov</a>

## Attachment B

### Action Items – TNI PT Executive Committee

	<b>Action Item</b>	<b>Who</b>	<b>Expected Completion</b>	<b>Actual Completion</b>
185	Send updated DW table with Footnote 15 to NELAP AC for approval.	Stacie  Maria	4/1/12	Stacie submitted this. Need to confirm approval. Action: Look to see if this got done. 8/20/15: Maria will follow-up.
214	Update Tin, Total Xylene and Total Cyanide on FoPT tables and submit for approval.	Carl Stacie	Next Meeting	In Progress Ilona will look for this stuff. 8/20/15: Maria thinks Cyanide is done, but need to find status on Xylene and Tin. 11/19/15: Ilona reviewed minutes and provided notes to Carl and Maria.
257	Email to SOP Subcommittee regarding clarification on how limit updates due to issues should be addressed.	Maria	12/12/14	Maria prepared it, but is waiting for a chair for this subcommittee.
295	Moved from Backburner: PTPA Evaluation Checklist needs to be updated prior to next round of evaluations. (Originally discussed 8/6/13)	PTPEC	TBD	In Progress Handled as committee business.
310	Coordinate the update of the SCM FoPT table with Carl and send to NELAP AC for approval.	Maria	3/24/16	3/24/16: Working through Cyanide issue

	<b>Action Item</b>	<b>Who</b>	<b>Expected Completion</b>	<b>Actual Completion</b>
				first.
326	Check with Jerry regarding missing PT Provider data. TNI assistance in obtaining this data.	Maria	9/21/16	In progress
327	Update Outline (Att D – 8/25/16) and send to committee.	Maria	9/21/16	
328	Send out Footnote language for final email vote.	Maria	10/15/16	
329	Check on reason for two analyte codes for the same thing – TPH.	Maria	10/19/16	Complete
330	Add updated footnotes to the DW Table and tag analytes as appropriate.	Maria	11/14/16	
331	Prepare data request for Radiochemistry FoPT table update. Send to Carl for review.	Maria	11/14/16	
332	Send email to committee members and ask them to review the Standards and comment by email.	Maria	10/26/16	

**Attachment C**

**Backburner / Reminders – TNI PT Executive Committee**

	<b>Item</b>	<b>Meeting Reference</b>	<b>Comments</b>
7	Add the Field PT Subcommittee to the limit update SOP during its next update.	3/4/10	In Progress
11	Evaluate how labs are accredited for analytes that co-elute.	5-19-11	
13	Charter needs to be updated in November.	Ongoing 2016	This activity has been postponed until new charter procedures are received from TNI.
16	<p>Moved back to Backburner (originally discussed 2/20/14) :</p> <p>When new limits are established for the FoPTs, what is considered to be a statistically significant change to the old rates? At what point is it appropriate to question new limits? This lends to the TSS discussion a few months ago.</p> <p>Patrick commented that it would make sense to look at changes to pass/fail rates 6 months after new limits are effective. This possible addition to procedures should be evaluated when updating the limit acceptance SOP.</p>	2/20/14	
17	Discuss possible procedural changes to how limits are updated. Maria talk to SOP Subcommittee.		Need to look at PT database implications.

## Attachment D: Summary of Comments to Volume 3 of the Standard

Below are the comments, to date, for Volume 3. The comments that were determined to not be an issue already are crossed out. The comments that are left will be considered at the end of the review process to determine whether they need to go back to the PT Expert Committee for some type of action.

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1) PTPEC was mentioned in 3.4 of the 2016 version but its definition, when it was called TNI PT Board, was deleted from the 2009 version (section 3.18), instead of just being renamed PTPEC - is it necessary to define what is PTPEC when it is mentioned in the standard or do we agree that it is a familiar term that it does not need to be defined? "PTPA," another familiar term to users of the standard is defined in this volume.

2) Section 3.15 - Andy noted that there is a required spike concentration and the PTRL is the lowest accepted concentration for evaluation. PTRL is a reporting limit requirement, but is not necessarily the spike concentration.

~~3) Section 3.18b allows PT Providers to send previously released lots of PT samples for supplemental studies—Dixie noted that this requirement is limited by the use of the term "may"—*ok; no further comments received when discussed during the 9-22-2016 meeting*~~

~~4) Section 4.2—Andy asked what happens when there is a new analyte and the accreditation list does not include the new analyte yet. Andy wanted it noted, but is not objecting. Responses from Shawn and Jennifer Duhon, during the 10-20-2016 meeting, indicated that PT Providers have procedures in place to handle such situations—*ok with Andy*.~~

~~5) Section 4.6 says PT Providers will submit PT samples that PTPAs can send to referee labs but does not say why—don't know whether it is critical to say why but Shawn explained during the 10-20-2016 meeting that this is a very infrequent occurrence when a referee lab is used—*ok; no further comments received when discussed during the 10-20-2016 meeting*~~

~~6) Section 5.4.1 re. study closing date—make sure there is provision for this requirement in the PTPEC SOPs—*ok; Gil acknowledged during the 10-20-2016 meeting*~~

7) The same Note after section 5.4.3.3 is repeated after section 5.4.3.4e - the redundancy does not seem necessary and may be a clerical error.

~~8) Section 6.2.1 of the 2009 version was removed - why? Shawn said during the 10-20-2016 meeting that the PT Providers are providing concentrates to the labs - ok; no further comments received when discussed during the 10-20-2016 meeting~~

9) Section 5.5.3.4.2 needs to have the phrase at the end: "...with the justification for modification(s)." - see same language used in section 5.7.1.2 .

10) Section 5.6.1.5 only talks about the criteria for the acceptance of the calibration verification material - why only the calibration verification, what about the criteria for the calibration material itself? - *last section discussed during the 10-20-2016 meeting but with no clear answer to the question*

Maria's Comments for Review in November Meeting. Additional comments received by email will be added to this list:

11) Sections 5.6.1.7 and 5.6.1.8 - do these sections mean PT Providers wait to receive lab results to process before the assigned values of the PT samples they made are verified?

12) Sections 5.6.1.7 and 5.6.1.8 a) and b) - do the meanings of unbiased and biased verification methods need be defined - what do these mean - do we take these terms literally - are they clear enough to be understood by users?

13) Section 5.6.3.3b) - how is this requirement accomplished? Does it need to be in the standard or in the PTPA checklist?

14) Section 5.10.1.1 - is it necessary to define whether the reporting date is business or calendar days?

## Attachment E: Emails Regarding PT Levels on SCM PT Table

From: Maria Friedman <qamfriedman@gmail.com>To: "Croteau, Tyler" <Tyler.Croteau@des.nh.gov>  
Fri, Oct 7, 2016 at 2:35 PM

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Hi Tyler,

Your questions seem to be more appropriate for the NELAP Accreditation Council to address, since they are the ones which accept or reject PT results. With that said, however, I can offer you my opinion:

The relevant section of the 2009 TNI Standard is Volume 2, Module 2, Section 5.2.1 (a): The laboratories analyze at least two (2) TNI-compliant PT samples per year for each accreditation FoPT (emphasis added) for which the laboratory holds accreditation with the Primary AB.

Your question hinges on how you (as AB) define the FoPTs on laboratory scopes of accreditation. If you accredit specifying by level (e.g., medium level), then the PT samples must also correspond to that level. If you do not accredit specifying by level, however, then it would be up to you to decide whether the PT samples analyzed by the laboratory (at the level decided by the laboratory) were acceptable for the accreditation FoPT in question.

I will seek comments from the rest of the PTPEC membership at our next meeting on 10-20-2016.

Thank you.

Maria Friedmane-mail: qamfriedman@gmail.com (949) 307-0949 - cell phone

On Wed, Sep 28, 2016 at 7:50 AM, Croteau, Tyler <Tyler.Croteau@des.nh.gov> wrote:  
Hi Maria,

I have a question about the different levels listed on the SCM PT table for a given group of compounds (For example, Volatile Aromatics and Medium Level Volatile Aromatics).

A few of our labs have been running a PT at each of these levels because they thought they had to since both levels are listed on the PT table. It has been difficult for us to track 2/3 acceptable results because sometimes they fail one level but pass the other.

We have taken the approach that the lab only needs to analyze the PT that corresponds to the calibration range they are using in their lab, but I guess this wasn't clear to some of our labs. We wanted to check with the PT committee to make sure that this practice of running only one level that corresponds to the lab's calibration range is acceptable before

we remind all the labs about this.

Thank You,

Tyler Croteau Program Specialist NH ELAP29 Hazen Drive, PO Box 95 Concord, NH  
03302603-271-5314 <http://des.nh.gov/organization/divisions/water/dwgb/nhelap/>