# TNI Stationary Source Audit Sample Expert Committee (SSAS)
# Meeting Summary

## June 18, 2018

1. Roll call and approval of minutes:

   Chair, Tom Widera, called the TNI SSAS Executive Committee meeting to order by teleconference on June 18, 2018, at 2:00 pm Eastern. Attendance is recorded in Attachment A – there were 6 committee members present. Associate Members present: Mike May (Chester LabNet), Stan Tong and Khoi Nguyen (EPA Region 9).

   The March 29, 2018 and April 23, 2018 minutes were reviewed on screen.

   Sheri raised a concern on the March minutes and noted that she has never had a problem with her Accreditation Body (AB) for doing a quick and dirty run because they treat the samples the same way. This will be deleted - the last part after "and …".

   A motion was made by Sheri to approve the March 29, 2018 minutes the following change: Page 2 – Section 3 paragraph 5 – Delete after "and …" in last sentence. The motion was seconded by Mike S and unanimously approved.

   The April minutes will be sent out for an email vote or voted on at the next meeting. An incorrect version went out first time and people needed more time to review. Tom will send this out for comment and then set-up a vote by email unless he decides to vote on it at the next meeting.

2. Notification of Proposed Standards Activity

   The committee posted a Notice of Intent to Modify a Standard, but it still needs to post the Notification of Proposed Standards Activity. The committee will post this for Volume 1 Modules 1 and 3 and plan the public meeting through a webinar at the same time. Tom is hoping the webinar might happen late July, but it could be August. Tom is still developing the mailing list.

3. New Orleans Meeting

   The Committee will be meeting on Tuesday morning at 10:30am Central. Tom may try to let people call in to his cell phone that will be placed by a microphone.

4. Multiple Reporting of Audit Samples

Tom stated he had a lab report an audit sample. Apparently they were reading a section somewhere that indicates that if the audit sample doesn't meet the criteria it is to be re-run with the samples. Method 26 has a Section 13 that discusses the audit sample. If the audit sample doesn't meet criteria it needs to be re-run. This is not something they have done. If an audit sample fails the report is sent out with a failing value.

This was discussed with a lab that was running duplicates and he was associating it with the audit sample. Sheri said in Method 26, all samples must be run in duplicate. The audit sample is also run in duplicate and the average of the two is reported. There is no prep. Two aliquots are taken from the vial and loaded twice on the auto-sampler. They don't want to run the risk of contaminating the sample with another puncture.

Tom said Section 11.5.3 in Method 26A is about audit sample results. This is an old method. This info should have been removed, but the methods haven't been updated. Section 11.5.4 states failure to meet the 10% specification may require retest until the audit problems are resolved. Sheri looked the method up online to view the 2017 version of the method and this is no longer in the method. It is not in Method 26 or Method 26A.

It was commented that the issue for the client could be a regulatory requirement.

The lab kept re-running stuff and ERA was not sure how to handle this. This is not addressed in the Standard. The Committee thinks he may have been looking at an old method.

Tom found the section in question – Section 11.1.3. is where it talks about duplicate injections for all QC. It does not address the audit sample. Sheri said the audit sample has to be treated as a regular sample so it must also hit 5% RPD between duplicate injections. The lab should not be reporting anything to the audit sample provider until he can get it to pass. If Sheri runs an audit sample and doesn't get less than 5% RPD, she runs it again.

The lab wanted to be sure the re-run work is being reported to their regulatory authority. Tom is concerned that once they send the lab the report, the lab now knows what the value is. The value between duplicate injections should agree within 5% of their mean before any data is reported. If they don't they are re-run, etc … The requirements can be found in the method. These checks should be done before the data is reported to the Audit Sample Provider.

Tom thinks the lab is confused. They should not have reported the audit results the first time as the duplicates did not agree within 5%. The lab should have run a second set of duplicates and averaged the four results first.

A number of methods require duplicate analysis of a sample and some even require triplicate.

The TNI Standard says to handle the Audit Sample the same as the method, so the 5% requirement is relevant.

Tom asked if this should be addressed in the Standard. Sheri does not believe this is an issue because the Audit Sample needs to be treated the same as regular samples. It is already addressed.

Tom thanked the group for their opinions.

5. Audit Sample Storage Conditions

Tom has some questions arise about the storage of the audit samples and the integrity of audit sample based on storage. In Module 1 for the provider, when instructions are sent they need to discuss storage conditions and period of validity. ERA has storage instructions and state a sample is good for a year from when it is received. There have been concerns about some failures these past months where the storage of the sample is in question. It could have gotten warm or cold. The data comes back after 11 months from the time of shipment and if the lab fails, they want to know if there was something wrong with the sample they received. They don't know how to respond to this because they don't know where the audit sample has been for the 8+months between when the audit sample was sent and when it was reported. The Standard doesn't address this other than stating a period of validity is needed. Should the Standard state the sample needs to be run within a certain window of time from when it is received. If the Audit Sample Provider shortens the period of validity, there would be more waste of audit samples.

Sheri said the issue is often that a project suddenly changes or there are delays. It is out of the lab's control. The engineer purchases the audit sample. Stan said the facility or their representative is required to obtain the audit sample and the sample needs to go through the same process as the field sample. It just needs to be there when the samples are run. In Method 25, the audit samples are intended to go through the entire process from the field to the lab.

The regulator overseeing that testing event is in charge of the test.

The testers go out in the field and they (or the facility) order the audit samples in advance.

The regulator can verify the audit sample was ordered and it is present. They do this during a test observation.

If the audit sample is not sent to the lab with the samples, there is no guarantee it will be analyzed with the samples.

There are instances with some labs that get a number of audit samples in and they run them and report them whenever. Tom noted there could be great confusion with linking

up the right audit sample to the right data report if the audit samples were sent directly to the lab rather than to the tester.

Tom looked at a report this morning where the audit sample was sent to the tester last July. Where has the sample been and what has it been exposed to? There were failures on the audit. It was a "Metals on Filter Paper" sample. Two metals passed and the third failed.

It was asked if care and handling instructions go out with the samples. Tom noted they do, but he can't guarantee they are read. His instructions say to store the audit sample at room temperature. A hot truck is not room temperature. Perhaps something more specific is needed.

Sheri confirmed that she sometimes receives audit samples that are still in the shrink wrap, so no one read the instructions in the box.

Tom commented that if there is a failed audit sample, the lab is on the hook for that. The audit sample could have been sitting in a truck for 10 months before it gets run. How do you know the integrity of the sample?

Tom asked if the instructions need to be more specific for temperature range? Or if they need to be run within a shorter time frame? If this issue is not addressed in the Standard at least an understanding can be had.

It was noted that there could also be an issue during shipment of the audit sample to the field. Tom commented that ERA does do shipping studies. They send it to Arizona in mid July and Milwaukee in January by air and ground to see if there are any degradation issues. They remained stable. This doesn't mean there couldn't be an individual issue. All they can do is minimize potential issue.

Sheri asked if something should be added to the SSAS manual, where should it be added? It was suggested that this could just be added to the paperwork that goes with the sample, but Tom stated that this is already done and the concern is that it is not being read.

It was suggested that a sticker could be put on the side of the box with the storage conditions. You don't have to open the box. It is in the tester and the facilities best interest for the audit sample to pass, so they will want to maintain storage conditions. Sheri likes putting the storage condition on the box itself. She also thinks it helps to add a "This side up" arrow. This could fit into Module 1 as a mandatory packaging requirement.

Tom noted that ERA has stickers it uses when they ship things that have to be refrigerated. All other things are stored at room temperature.

Should there be a requirement that if a test is delayed by a certain time frame (6 months?), the audit sample be held by the owner/operators? Or if there is an extended delay, new audit samples must be ordered.

Tom's concern is when something is held for a long time, where has it been held. Do we want something documented in the Standard that requires upon receipt of samples the storage conditions must be checked and kept under those conditions. He thinks there is a place to put this in Module 3. Or if a sampling event is delayed by x time, a new audit sample needs to be ordered.

Another option mentioned is that it could be required to state the storage conditions of the audit sample if a test is delayed.

Tom asked everyone to think about potential solutions to this issue and email him with ideas. He will compile this information and it can be reviewed at the next call in hopes of finding a resolution if needed.

Tom noted that he would still like to do the teleconference meeting in August in addition to the face-to-face in New Orleans.

6. New Business.

   - None.

7. Action Items

   The action items can be found in Attachment B.

8. Next Meeting

   The next meeting will July 16th at 2pm Eastern.

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

   Tom adjourned the meeting at 3:37pm Eastern.

## Attachment A

## Participants
## TNI
## Proficiency Testing Program Executive Committee

| Members | Rep | Affiliation | Contact Information |
|---|---|---|---|
| Tom Widera (2020)<br>CHAIR<br>**Present** | Other | ERA<br>(Provider) | twidera@eraqc.com |
| Ilona Taunton,<br>Program<br>Administrator<br>**Present** | | | Ilona.taunton@nelac-institute.org |
| Ed MacKinnon (2019)<br><br>**Present** | Other | TRC Env Corp<br>(Stationary Source<br>Tester) | emackinnon@trcsolutions.com |
| Gregg O'Neal (2020)<br><br>**Present** | Regulator | NC DAQ | gregg.oneal@ncmail.net |
| Katie Gattis (2021)<br><br>**Present** | Lab | Element One Inc. | katie.strickland@e1lab.com |
| Michael Klein (2020)<br><br>**Absent** | Regulator | NJ DEP | michael.klein@dep.nj.gov |
| Mike Hayes (2019)<br><br>**Absent** | Other | Linde<br>(Provider) | mikeh@spectragases.com |
| Michael Schapira<br>(2021)<br><br>**Present** | Lab | Enthalpy Analytical<br>LLC | Mike.schapira@enthalpy.com |
| Sheri Heldstab<br>(2022*)<br><br>**Present** | Lab | Chester LabNet | sheldstab@chesterlab.net |

## Attachment B

## Action Items – TNI PT Executive Committee

| | Action Item | Who | Date Added | Expected Completion | Completion |
|---|---|---|---|---|---|
| 2 | Find out which group in EPA is helping the Microbiology FoPT Subcommittee crunch numbers for limits. | Ilona | 2/12/18 | 3/19/18 | Need to hear back from Jennifer Best. |
| 4 | Forward PTPEC Limit Setting SOP to Sheri. | Ilona | 3/29/18 | 4/6/18 | Complete |
| 5 | Prepare new SOP DRAFT and send to committee. | Sheri | 3/29/18 | 4/16/18 | Complete |
| 6 | Contact Ken about what notifications are needed to continue Standard development. | Ilona | 4/23/18 | 5/21/18 | |
| 7 | Send Sheri and Tom copies of TNI SOP on SOPs and PTPEC's SOP on Table Management. | Ilona | 4/23/18 | 5/1/18 | |
| 8 | Send Tom mailing lists with relevant stakeholders. | All | 4/23/18 | 5/8/18 | |
| 9 | Prepare general summary of what the committee plans to change in the current Standard and why. First DRAFT. | Tom | 4/23/18 | 5/21/18 | |
| 10 | Send ideas on Storage Condition issue to Tom so he can summarize them for an agenda item in July. | All | 6/18/18 | 7/15/18 | |
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**Attachment C**

# Backburner / Reminders – TNI PT Executive Committee

| | Item | Meeting Reference | Comments |
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