

# Demonstration of Capability (DOC), Ammonia NH<sub>3</sub>

Reference Method (with revision number and effective date) \_\_\_\_\_

SOP number (with revision number and effective date) \_\_\_\_\_

**DOC Type:** Initial  Ongoing

**Reason(s) for this DOC:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> New Method          | <input type="checkbox"/> New Analyte Added to SOP | <input type="checkbox"/> New Analyst                    |
| <input type="checkbox"/> Change to Procedure | <input type="checkbox"/> New Instrument           | <input type="checkbox"/> Annual demonstration (Ongoing) |

**DOC Data Source:**

(What procedure did you use to perform this study?)

- Proficiency Testing Study (unknown to lab and analyst) Study ID: \_\_\_\_\_
- Actual Sample (e.g. effluent; sample with know typical conc. range)
- QC Sample (e.g. Lab Control Sample, Lab Fortified Blank, CCV)  
 Note: the QC may be analyzed concurrently or over a series of days
- Monitor Trends (e.g. review of control charts)



Target Analyte(s) \_\_\_\_\_

Matrix \_\_\_\_\_

Instrument Name (with ID #, Model #, and Serial #) \_\_\_\_\_

Prep Technique \_\_\_\_\_

Prep Analyst Name(s) (print) \_\_\_\_\_

Reported Units (values must be recorded in same units) \_\_\_\_\_

**Summary Chart:**

(Only applicable to DOCs using "Actual Samples" or "QC Samples" for the data source. For all other DOC data sources, attach a copy of the raw data to this form. Recoveries must meet the criteria in your Quality Manual, as detailed here.)

\*Acceptable Recovery: \_\_\_\_\_ % to \_\_\_\_\_ %, Acceptable Standard Deviation or % RSD: \_\_\_\_\_

	Analysis Date	Unique Lab Sample ID	True Value (if known)	Recovered Value	% Recovery	Pass/Fail
1						
2						
3						
4						

Mean \_\_\_\_\_ %Recovery \_\_\_\_\_ %, Std Deviation of Recovered Values \_\_\_\_\_, Relative Std Deviation \_\_\_\_\_%

Analyst Name (print)

Analyst Signature

Approval Date

Reviewer/Supervisor Name (print)

Reviewer/Supervisor Signature

Approval Date