

Demonstration of Capability (DOC), BOD₅

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:

Mean _____ % Recovery _____ %, Std Deviation of Recovered Values _____, Relative Std Deviation _____ %

Seed Control	SC1	SC 2	SC 3
Bottle #			
Initial DO (B ₁)			
Final DO (B ₂)			
Oxygen Demand B ₁ -B ₂)f			
Demand/Volume			
mL of seed used in dilutions			
Results			

CBOD Standard	Blank	GGA 1	GGA 2	GGA 3	GGA 4
Bottle #					
Initial DO (D ₁)					
Final DO (D ₂)					
Oxygen Demand (D ₁ -D ₂)					
Depletion Due to Seed (B ₁ -B ₂)f	***				
Net Depletion (D ₁ -D ₂) - (B ₁ -B ₂)f	***				
Demand (Vol/ 300mL)					
Results					

 Analyst Name (print) Analyst Signature Approval Date

 Reviewer/Supervisor Name (print) Reviewer/Supervisor Signature Approval Date