

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Sandy Creek Central School District

124 Salisbury

Sandy Creek, NY 13145

Attn To : Andy Ridgeway

Collected : 5/19/2016 3:40:00 AM

Received : 5/20/2016 9:35:00 AM BUS GARAGE

Collected By JM99

Lab No. : 1605J54-001

Client Sample ID: SINK

Sample Information:

Type : Potable Water

Origin:

<u>Analytical Method:</u> SUB :				<u>Analyst:</u> Sub	
<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Analyzed:</u>
Subcontract (See Attached)	-		+ 1		06/08/2016
					<u>Container:</u>
					Container-01 of 01

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

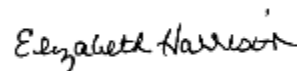
P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Date Reported : 6/9/2016



Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Sandy Creek Central School District

124 Salisbury

Sandy Creek, NY 13145

Attn To : Andy Ridgeway

Collected : 5/19/2016 3:40:00 AM

Received : 5/20/2016 9:35:00 AM BUS GARAGE

Collected By JM99

Lab No. : 1605J54-002

Client Sample ID: DRINKING FOUNTAIN

Sample Information:

Type : Potable Water

Origin:

<u>Analytical Method:</u> SUB :				<u>Analyst:</u> Sub	
<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Analyzed:</u>
Subcontract (See Attached)	-		+ 1		06/08/2016
					<u>Container:</u>
					Container-01 of 01

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

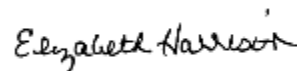
P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Date Reported : 6/9/2016



Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.



PACE ANALYTICAL
575 Broad Hollow Road
Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
Website: www.pacelabs.com

Sample Receipt Checklist

Client Name **SCCSD**

Date and Time Received: **5/20/2016 9:35:00 AM**

Work Order Number: **1605J54**

RcptNo: **1**

Received by **Erick Johnson**

Completed by:

Maressa Fudin

Reviewed by:

Elizabeth Harrison

Completed Date: 5/20/2016 5:29:26 PM

Reviewed Date: 5/23/2016 10:32:18 PM

Carrier name: FedEx

Chain of custody present?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Chain of custody signed when relinquished and received?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Chain of custody agrees with sample labels?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Are matrices correctly identified on Chain of custody?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Is it clear what analyses were requested?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Custody seals intact on sample bottles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Present <input checked="" type="checkbox"/>	
Samples in proper container/bottle?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Were correct preservatives used and noted?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Preservative added to bottles:				
Sample Condition?	Intact <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	Leaking <input type="checkbox"/>	
Sufficient sample volume for indicated test?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Were container labels complete (ID, Pres, Date)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
All samples received within holding time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Was an attempt made to cool the samples?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
All samples received at a temp. of > 0° C to 6.0° C?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Response when temperature is outside of range:				
Sample Temp. taken and recorded upon receipt?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	To 2.1 ° <input type="checkbox"/>	
Water - Were bubbles absent in VOC vials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No Vials <input checked="" type="checkbox"/>	
Water - Was there Chlorine Present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	
Water - pH acceptable upon receipt?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	No Water <input type="checkbox"/>	
Are Samples considered acceptable?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Custody Seals present?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Airbill or Sticker?	Air Bil <input checked="" type="checkbox"/>	Sticker <input type="checkbox"/>	Not Present <input type="checkbox"/>	
Airbill No:	7831 4911 7409			

Case Number:

SDG:

SAS:

Any No response should be detailed in the comments section below, if applicable.

Client Contacted? ☐ Yes ☐ No ☒ NA Person Contacted:
Contact Mode: ☐ Phone: ☐ Fax: ☐ Email: ☐ In Person:
Client Instructions:
Date Contacted: Contacted By:
Regarding:
Comments:
CorrectiveAction:

WorkOrder :
1605J54

Certifications

STATE	CERTIFICATION #
NEW YORK	10478
NEW JERSEY	NY158
CONNECTICUT	PH-0435
MARYLAND	208
MASSACHUSETTS	MINY026
NEW HAMPSHIRE	2987
RHODE ISLAND	LAO00340
PENNSYLVANIA	68-00350

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Pace Analytical
www.pacelabs.com

Page: 1 of 1	
REGULATORY AGENCY	
<input type="checkbox"/> NPDES <input type="checkbox"/> GROUND WATER <input checked="" type="checkbox"/> DRINKING WATER <input type="checkbox"/> UST <input type="checkbox"/> RCRA <input type="checkbox"/> OTHER	
SITE LOCATION <input type="checkbox"/> GA <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> MI <input type="checkbox"/> NC <input type="checkbox"/> OH <input type="checkbox"/> SC <input type="checkbox"/> WI <input type="checkbox"/> OTHER NY	
Filtered (Y/N)	
Requested Analyte	
Pace Project No. Lab I.D. 11005354	
Residual Chlorine (Y/N)	
Preservatives	
<input type="checkbox"/> Unpreserved <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> HCl <input type="checkbox"/> NaOH <input type="checkbox"/> Na ₂ S ₂ O ₃ <input type="checkbox"/> Methanol <input type="checkbox"/> Na ₂ SO ₄	
# OF CONTAINERS	
SAMPLE TEMP AT COLLECTION	
COLLECTED	
COMPOSITE START DATE TIME COMPOSITE END/GRAB DATE TIME	
G-RAB C-COMP	
MATRIX CODE	
Valid Matrix Codes	
DW DRINKING WATER WT WASTE WATER SL SINK OL OIL WP WASTE PAPER AR AIR OT OTHER TS TISSUE	
Section D Required Client Information	
SAMPLE ID (A-Z, 0-9 / .) Sample IDs MUST BE UNIQUE	
Requested Due Date/TAT: 10 DAYS	
Section B Required Project Information:	
Report To:	
Copy To:	
Address:	
Purchase Order No.:	
Project Name: BUS GARAGE	
Project Number:	
Section C Invoice Information:	
Attention:	
Company Name:	
Address:	
Pace Quote Reference:	
Pace Project Manager:	
Pace Profile #:	
Company: Sandy Creek CSD	
Email To: aridgew@scs.nyric.org	
Phone:	
Fax:	
Additional Comments	
RELINQUISHED BY / AFFILIATION	
DATE	
TIME	
ACCEPTED BY / AFFILIATION	
DATE	
TIME	
SAMPLE CONDITIONS	
Ice	
Received on	
Temp in °C	
Custody Sealed	
Cooler	
Samples Intact	
SAMPLER NAME AND SIGNATURE	
PRINT Name of SAMPLER: James Murphy PACE	
SIGNATURE of SAMPLER: [Signature]	
DATE Signed (MM/DD/YY): 5/19/16	

7834 4911 7409

June 09, 2016

Betty Harrison
Pace Analytical Melville
575 Broad Hollow Road
Melville, NY 11747

RE: Project: 1605J54
Pace Project No.: 35247890

Dear Betty Harrison:

Enclosed are the analytical results for sample(s) received by the laboratory on June 07, 2016. The results relate only to the samples included in this report. Results reported herein conform to the most current TNI standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Bo Garcia
bo.garcia@pacelabs.com
Project Manager

Enclosures

cc: Jennifer Aracri, Pace Analytical Melville
Caitlin Hutchinson, Pace Analytical Services, Inc.
Stu Murrell, Pace Analytical Services, Inc.
Susan Richter, Pace Analytical Services, Inc.
Joann Slavin, Pace Analytical Melville
Sophia Sparks, Pace Analytical Services, Inc.



REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc..

CERTIFICATIONS

Project: 1605J54
Pace Project No.: 35247890

Ormond Beach Certification IDs

8 East Tower Circle, Ormond Beach, FL 32174
Alabama Certification #: 41320
Connecticut Certification #: PH-0216
Delaware Certification: FL NELAC Reciprocity
Florida Certification #: E83079
Georgia Certification #: 955
Guam Certification: FL NELAC Reciprocity
Hawaii Certification: FL NELAC Reciprocity
Illinois Certification #: 200068
Indiana Certification: FL NELAC Reciprocity
Kansas Certification #: E-10383
Louisiana Certification #: FL NELAC Reciprocity
Louisiana Environmental Certificate #: 05007
Maryland Certification: #346
Michigan Certification #: 9911
Mississippi Certification: FL NELAC Reciprocity
Missouri Certification #: 236
Montana Certification #: Cert 0074

Nebraska Certification: NE-OS-28-14
Nevada Certification: FL NELAC Reciprocity
New York Certification #: 11608
North Carolina Environmental Certificate #: 667
North Carolina Certification #: 12710
North Dakota Certification #: R-216
Oklahoma Certification #: D9947
Pennsylvania Certification #: 68-00547
Puerto Rico Certification #: FL01264
South Carolina Certification: #96042001
Tennessee Certification #: TN02974
Texas Certification: FL NELAC Reciprocity
US Virgin Islands Certification: FL NELAC Reciprocity
Virginia Environmental Certification #: 460165
Wyoming Certification: FL NELAC Reciprocity
West Virginia Certification #: 9962C
Wisconsin Certification #: 399079670
Wyoming (EPA Region 8): FL NELAC Reciprocity

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc..

SAMPLE SUMMARY

Project: 1605J54

Pace Project No.: 35247890

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35247890001	SINK	Drinking Water	05/19/16 03:40	06/07/16 06:34
35247890002	DRINKING FOUNTAIN	Drinking Water	05/19/16 03:40	06/07/16 06:34

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc..

SAMPLE ANALYTE COUNT

Project: 1605J54

Pace Project No.: 35247890

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35247890001	SINK	EPA 200.8	DRS	1	PASI-O
35247890002	DRINKING FOUNTAIN	EPA 200.8	DRS	1	PASI-O

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc..

ANALYTICAL RESULTS

Project: 1605J54
Pace Project No.: 35247890

Sample: SINK		Lab ID: 35247890001	Collected: 05/19/16 03:40	Received: 06/07/16 06:34	Matrix: Drinking Water				
Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
200.8 MET ICPMS Drinking Water		Analytical Method: EPA 200.8							
Lead	1.2	ug/L	1.0	0.50	1		06/08/16 21:11	7439-92-1	

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc..

ANALYTICAL RESULTS

Project: 1605J54
Pace Project No.: 35247890

Sample: DRINKING FOUNTAIN		Lab ID: 35247890002	Collected: 05/19/16 03:40	Received: 06/07/16 06:34	Matrix: Drinking Water				
Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
200.8 MET ICPMS Drinking Water		Analytical Method: EPA 200.8							
Lead	1.9	ug/L	1.0	0.50	1		06/08/16 21:13	7439-92-1	

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc..

QUALITY CONTROL DATA

Project: 1605J54

Pace Project No.: 35247890

QC Batch: ICPM/12499

Analysis Method: EPA 200.8

QC Batch Method: EPA 200.8

Analysis Description: 200.8 MET No Prep Drinking Water

Associated Lab Samples: 35247890001, 35247890002

METHOD BLANK: 1598791

Matrix: Water

Associated Lab Samples: 35247890001, 35247890002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Lead	ug/L	<1.0	1.0	0.50	06/08/16 20:43	

LABORATORY CONTROL SAMPLE: 1598792

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Lead	ug/L	50	50.3	101	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 1598793 1598794

Parameter	Units	35247875030 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Lead	ug/L	<1.0	50	50	52.4	54.1	105	108	70-130	3	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 1598795 1598796

Parameter	Units	35247891021 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Lead	ug/L	<1.0	50	50	55.1	54.8	109	108	70-130	1	20	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc..

QUALIFIERS

Project: 1605J54
Pace Project No.: 35247890

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

LABORATORIES

PASI-O Pace Analytical Services - Ormond Beach

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc..

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 1605J54

Pace Project No.: 35247890

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35247890001	SINK	EPA 200.8	ICPM/12499		
35247890002	DRINKING FOUNTAIN	EPA 200.8	ICPM/12499		

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc..

CHAIN OF CUSTODY RECORD

ADDRESS
PACE ANALYTICAL
 575 Broad Hollow Road
 Melville, NY 11747
 TEL: (631) 694-3040
 FAX: (631) 420-8436
 Website: www.pacelabs.com

COC ID: 5238 PAGE: 1 OF: 1

WO#: 35247890




35247890

Please Include Email Address of Report R

SUB CONTRACTOR		Pace-Ormond Beach		COMPANY		Pace-Ormond Beach	
ADDRESS		8 East Tower Circle					
CITY, STATE, ZIP		Ormond Beach, FL 32174					
PHONE		(386) 672-5668		FAX		(386) 673-4001	
ACCOUNT #		70-100281		EMAIL			

ITEM	SAMPLE ID	CLIENT SAMPLE ID	BOTTLE TYPE	MATRIX	DATE COLLECTED	NUMBER OF CONTAINERS	COMMENTS: Methanol Preserved Weights HOT Sample Notation, Additional Sample Description.
1	1605J54-001A	SINK	250mlHDPEHN O3	Potable Water	5/19/2016 3:40:00 AM	1	
200.8_DW_RT (E200.8)							
2	1605J54-002A	DRINKING FOUNTAIN	250mlHDPEHN O3	Potable Water	5/19/2016 3:40:00 AM	1	
200.8_DW_RT (E200.8)							

Relinquished By		Date		Time		REPORT TRANSMITTAL DESIRED:	
Relinquished By		Date		Time		<input type="checkbox"/> HARDCOPY (extra cost) <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> ONLINE	
Relinquished By		Date		Time		FOR LAB USE ONLY Temp of samples <u>23.3</u> °C Attempt to Cool? <u>5-221</u> Comments:	

	Document Name: Sample Condition Upon Receipt Form	Document Revised: December 28, 2015
	Document No.: F-FL-C-007 rev. 07	Issuing Authority: Pace Florida Quality Office

Sample Condition Upon Receipt Form (SCUR)

Project # **WO# : 35247890**
 Project Manager **PM: VEG** Due Date: **06/09/16**
 Client: **CLIENT: PACH2M**

Date and Initials of person examining contents: MPD 6/7/16
 Label: MPD
 Deliver: MPD
 pH: _____

Courier: ☒ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace Other ☐

Shipping Method: ☐ First Overnight ☒ Priority Overnight ☐ Standard Overnight ☐ Ground

Billing: ☐ Recipient ☒ Sender ☐ Third Party ☐ Unknown Cooler Size if Applicable: _____

Tracking # 7764 5522 6343

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals intact: ☐ yes ☐ no

Packing Material: ☒ Bubble Wrap ☐ Bubble Bags ☐ None ☐ Other _____ Biological Tissue is Frozen: Yes No N/A

Thermometer Used T-221 Type of Ice: Wet Blue None ☐ Samples on ice, cooling process has begun

Cooler #1 Temperature°C 23.3 (Visual) 8 (Correction Factor) 23.3 (Actual)

Cooler #2 Temperature°C _____ (Visual) _____ (Correction Factor) _____ (Actual)

Cooler #3 Temperature°C _____ (Visual) _____ (Correction Factor) _____ (Actual)

Cooler #4 Temperature°C _____ (Visual) _____ (Correction Factor) _____ (Actual)

Cooler #5 Temperature°C _____ (Visual) _____ (Correction Factor) _____ (Actual)

Cooler #6 Temperature°C _____ (Visual) _____ (Correction Factor) _____ (Actual)

Temp should be above freezing to 6°C

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature & Sampler Name COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pace Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	HNO3 pH<2 HCl pH<2 H2SO4 pH<2 NaOH pH>12 NaOH/ZnOAc pH>9
All Containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: VOA, Coliform, TOC, O&G	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
No Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Checked by
 Pace Melville

Client Notification/ Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution (use back for additional comments): _____

Project Manager Review: _____ Date: _____