

FINAL REPORT

SOLID BLEND TECHNOLOGIES

DOUG DOLDER
10 GRANITE DR.
DAYTON, OH 45415 USA
Phone No:

Customer No: 11849_01
Q Labs Order: 0713029
Report Date: July 20, 2023
Purchase Order: Oakwood Lane Stadium 34702

<u>Test</u>	<u>Methodology</u>		
Legionella	Centers for Disease Control (01/2005)		
Client Sample ID:	Concession Hand Sink CDC HOT,137 , 7.64, 0.00, 12:03pm		
Q Labs Sample ID:	0713029-1001	Date Received:	7/12/2023
<u>Parameter</u>		<u>Sample Result</u>	<u>Specification Comment</u>
CDC Legionella Result		None Detected /250 mL	
Client Sample ID:	Concession Sink #2 CDC HOT, 142, 7.71, 0.04, 12:06pm		
Q Labs Sample ID:	0713029-1002	Date Received:	7/12/2023
<u>Parameter</u>		<u>Sample Result</u>	<u>Specification Comment</u>
CDC Legionella Result		None Detected /250 mL	
Client Sample ID:	Athletic trainer Rm Sink CDC HOT, 147, 7.78, 0.00, 12:10pm		
Q Labs Sample ID:	0713029-1003	Date Received:	7/12/2023
<u>Parameter</u>		<u>Sample Result</u>	<u>Specification Comment</u>
CDC Legionella Result		None Detected /250 mL	
Results Electronically Approved By:		The results on this report relate only to the sample(s) submitted for testing at Q Laboratories. These results were obtained from sample(s) submitted in good condition unless otherwise noted above. This report should not be reproduced except in full, without the approval of the laboratory.	
Amanda Clarkston			
QA Microbiologist			
7/20/2023 10:11:33 AM			



Q Laboratories

Legionella Sample Submission Form

1930 Radcliff Dr. Cincinnati, OH 45204
Phone: (513) 471-1300 • Fax: (513) 471-5600

• www.QLABORATORIES.com
• Email: office@qlaboratories.com

Customer Information

Company Name: Solid Blend Technologies, Inc.

Report Results To: Doug Dolder

Street Address: 10 Granite Dr

City, State, Zip: Dayton, OH 45415

Phone #: 937-264-8453

Please List option(s) for receiving results ONLY (electronic documents will be in Adobe Acrobat (PDF) format).

Email to: info@solidblendtechnologies.com ddolder@solidblendtechnologies.com; cmiller@solidblendtechnologies.com

Date Submitted: 7/11/23

Billing Contact (if different):

Billing Email:

Street Address:

City, State, Zip:

Phone #:

Project Identifier: Oakwood Lane Stadium 34702
☒ Routine Monitoring ☐ Case Investigation

Sample # Location ID	Sample ID	Temp (°F)	pH	Free Cl (ppm)	Time Collected	Sample Type				Legionella Analysis			In the event of a PCR/qPCR positive perform Cultural Isolation	
						Swab	Non-Potable 100 mL	Potable 250 mL	Potable 1 L	CDC	PCR	qPCR	Yes	No
1D	CONCESSION HANDSINK CDC HOT	137	7.64	0.00	1203 am/6/00	☐	☐	☒	☐	☒	☐	☐	☐	☐
2D	CONCESSION SINK 2 CDC HOT	142	7.71	0.04	1206 am/6/00	☐	☐	☒	☐	☒	☐	☐	☐	☐
3D	ATHLETIC TRAINER SINK CDC HOT	147	7.78	0.00	1210 am/6/00	☐	☐	☒	☐	☒	☐	☐	☐	☐
4					am/pm	☐	☐	☐	☐	☐	☐	☐	☐	☐
5					am/pm	☐	☐	☐	☐	☐	☐	☐	☐	☐
6					am/pm	☐	☐	☐	☐	☐	☐	☐	☐	☐
7					am/pm	☐	☐	☐	☐	☐	☐	☐	☐	☐
8					am/pm	☐	☐	☐	☐	☐	☐	☐	☐	☐
9					am/pm	☐	☐	☐	☐	☐	☐	☐	☐	☐
10					am/pm	☐	☐	☐	☐	☐	☐	☐	☐	☐
11					am/pm	☐	☐	☐	☐	☐	☐	☐	☐	☐
12					am/pm	☐	☐	☐	☐	☐	☐	☐	☐	☐
Special Instructions:														

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Special Instructions:

Authorizing Signature:

[Signature]

Completed and signed sample submission form indicates agreement with Q Laboratories terms and conditions and authorizes Q Laboratories to perform the requested tests.