315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

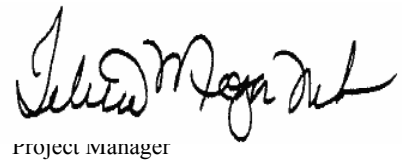
October 17, 2024

Maureen Doherty
NB-Orange-Ulster BOCES
53 Gibson Road
Goshen, NY 10924

Project Location: Chester Elementary School
Project Number: Chester UFSD-Chester Elementary School
Laboratory Work Order Number: 24I3618

Enclosed are results of analyses for samples received by the laboratory on September 26, 2024. If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Project Manager

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

NB-Orange-Ulster BOCES
53 Gibson Road
Goshen, NY 10924
ATTN: Maureen Doherty

REPORT DATE: 10/17/2024

PURCHASE ORDER NUMBER: A25-00001

PROJECT NUMBER: Chester UFSD-Chester Elementary School

**ANALYTICAL SUMMARY**

WORK ORDER NUMBER: 24I3618

The results of analyses performed on the following samples submitted to Pace Analytical Services, LLC - Newburgh are found in this report.

PROJECT LOCATION: Chester Elementary School

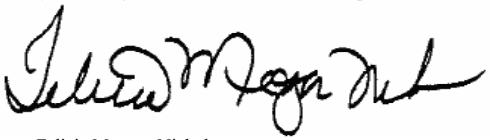
| FIELD SAMPLE # | LAB ID: | MATRIX | SAMPLE DESCRIPTION | TEST | SUB LAB |
|---|---|---|---|---|---|
| Chester ES - Nurse's Office Sink | 24I3618-01 | Drinking Water | | EPA 200.8 Rev 5.4 | |

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

**CASE NARRATIVE SUMMARY**

All reported results are within defined laboratory quality control objectives unless listed below or otherwise qualified in this report.

The results of analyses reported only relate to samples submitted to the Pace Analytical Services, LLC - Newburgh for testing.
I certify that the analyses listed above, unless specifically listed as subcontracted, if any, were performed under my direction according to the approved methodologies listed in this document, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, the material contained in this report is, to the best of my knowledge and belief, accurate and complete.



Felicia Morgan-Nichols
Project Manager

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: Chester Elementary School | Sample Description: | Work Order: 24I3618

Date Received: 9/26/2024

**Field Sample #:** Chester ES - Nurse's Office Sink | Sampled: 9/26/2024 06:11

**Sample ID: 24I3618-01**

Sample Matrix: Drinking Water

**Metals Analyses (Total)**

| Analyte | Results | RL | MCL/SMCL | Units | Dilution | Flag/Qual | Method | Date Prepared | Date/Time Analyzed | Analyst |
|---|---|---|---|---|---|---|---|---|---|---|
| Lead | 13 | 1.0 | 15 | µg/L | 1 | | EPA 200.8 Rev 5.4 | 10/10/24 | 10/15/24 14:36 | AR3 |

**FLAG/QUALIFIER SUMMARY**

| | |
|---|---|
| * | QC result is outside of established limits. |
| † | Wide recovery limits established for difficult compound. |
| ‡ | Wide RPD limits established for difficult compound. |
| # | Data exceeded client recommended or regulatory level |
| ND | Not Detected |
| RL | Reporting Limit is at the level of quantitation (LOQ) |
| DL | Detection Limit is the lower limit of detection determined by the MDL study |
| MCL | Maximum Contaminant Level |

Percent recoveries and relative percent differences (RPDs) are determined by the software using values in the calculation which have not been rounded.

No results have been blank subtracted unless specified in the case narrative section.

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

## CERTIFICATIONS

**Certified Analyses included in this Report**

| Analyte | Certifications |
|---|---|
| ***EPA 200.8 Rev 5.4 in Drinking Water*** | |
| Lead | NB-CT,NB-NJ,NB-NY |

Pace Analytical Services, LCC operates under the following certifications and accreditations:

| Code | Description | Number | Expires |
|---|---|---|---|
| NB-CT | Connecticut Department of Public Health | PH-0823 | 09/30/2024 |
| NB-NJ | New Jersey DEP | NY015 NELAP | 06/30/2024 |
| NB-NY | New York State Department of Health | 10142 NELAP | 03/31/2025 |

Pace® Location Requested (City/State): **Newburgh, NY**

# CHAIN-OF-CUSTODY Analytical Request Document

Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

LAB USE ONLY- Affix Workorder/Login Label Here: 24I3618

Scan QR Code for instructions

| | |
|---|---|
| Company Name: Orange-Ulster BOCES | Contact/Report To: Maureen Doherty |
| Street Address: 53 Gibson Road, Goshen, NY 10924 | Phone #: 845-781-4887 |
| | E-Mail: Maureen.Doherty@ouboces.org |
| | Cc E-Mail: Halina.redner@ouboces.org |
| Customer Project #: | Invoice to: Halina Redner |
| Project Name: Chester UFSD - Chester Elementary School | Invoice E-mail: halina.redner@ouboces.org |
| Site Collection Info/Facility ID (as applicable): Chester Elementary School | Purchase Order # (if applicable): A25-00001 |
| | Quote #: |
| Time Zone Collected: [ ] AK [ ] PT [ ] MT [ ] CT [X] ET | County / State origin of sample(s): Orange County / New York |
| Data Deliverables: [ ] Level II [ ] Level III [ ] Level IV [ ] EQUIS [ ] Other | Regulatory Program (DW, RCRA, etc.) as applicable: DOH; Reportable [X] Yes [ ] No |
| Rush (Pre-approval required): [ ] Same Day [ ] 1 Day [ ] 2 Day [ ] 3 Day Other; Date Results Requested: | DW PWSID # or WW Permit # as applicable: |
| | Field Filtered (if applicable): [ ] Yes [X] No; Analysis: |

Specify Container Size **: 3

Identify Container Preservative Type***: 2

Analysis Requested: Lead

**Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 40mL vial, (7) EnCore, (8) TerraCore, (9) 90mL, (10) Other

*** Preservative Types: (1) None, (2) HNO3, (3) H2SO4, (4) HCl, (5) NaOH, (6) Zn Acetate, (7) NaHSO4, (8) Sod. Thiosulfate, (9) Ascorbic Acid, (10) MeOH, (11) Other

Lab Use Only: Proj. Mgr:; AcctNum / Client ID:; Table #:; Profile / Template:; Prelog / Bottle Ord. ID:

Preservation non-conformance identified for sample.

* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Soil/Solid (SS), Oil (OL), Wipe (WP), Tissue (TS), Bioassay (B), Vapor (V), Surface Water (SW), Sediment (SED), Sludge (SL), Caulk (CK), Leachate (LL), Biosolid (BS), Other (OT)

| Customer Sample ID | Matrix * | Comp / Grab | Composite Start Date | Composite Start Time | Collected or Composite End Date | Collected or Composite End Time | # Cont. | Residual Chlorine Result | Residual Chlorine Units | Lead | Sample Comment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Chester ES - Nurse's Office sink | DW | G | | | 9/26/24 | 0611 | 1 | | | X | |

24I3618

Additional Instructions from Pace®:

Collected By: Printed Name: Maureen Doherty; Signature: Maureen P Doherty

Customer Remarks / Special Conditions / Possible Hazards:

| # Coolers: | Thermometer ID: | Correction Factor (°C): | Obs. Temp. (°C): | Corrected Temp. (°C): | [ ] On Ice |
|---|---|---|---|---|---|
| | | | | | |

| Relinquished by/Company: (Signature) | Date/Time: | Received by/Company: (Signature) | Date/Time: |
|---|---|---|---|
| Maureen P Doherty OUBOCES | 9/26/24; 0845 | | 9/26/24 0845 |
| Relinquished by/Company: (Signature) | Date/Time: | Received by/Company: (Signature) | Date/Time: |
| Relinquished by/Company: (Signature) | Date/Time: | Received by/Company: (Signature) | Date/Time: |
| Relinquished by/Company: (Signature) | Date/Time: | Received by/Company: (Signature) | Date/Time: |

Tracking Number:

Delivered by: [ ] In- Person [ ] Courier [ ] FedEX [ ] UPS [ ] Other

Page: of

# Sample Condition Upon Receipt Form (SCUR)

**Project #** 24I3618
**Client:** OU BOCES

**Date and Initials of person:**
Examining contents:_____
Label:_____
Deliver to location:_____
pH:_____

Thermometer Used: IRG4 Date: 9/26 Time: 0845 Initials:_____

State of Origin: NY

Cooler #1 Temp.°C 21.9 (Visual) 0.2 @ 0.0°C, -0.5 @20.0°C (Correction Factor) _____(Actual) ☒ ~~Samples on ice, cooling process has begun~~

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

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

Tracking # _____

Custody Seal on Cooler/Box Present: ☐ Yes ☐ No Seals intact: ☐ Yes ☐ No Ice: ~~Wet~~ Blue Melted None

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ None ☐ Other_____

Samples were collected by Pace employee ☐ Yes ☐ No ☐ N/A

| | | Comments: |
|---|---|---|
| Chain of Custody Present | ☒ Yes ☐ No ☐ N/A | |
| Chain of Custody Filled Out | ☒ Yes ☐ No ☐ N/A | |
| Relinquished Signature on COC | ☒ Yes ☐ No ☐ N/A | |
| Sampler Name and Signature on COC | ☒ Yes ☐ No ☐ N/A | |
| Samples Arrived within Hold Time | ☒ Yes ☐ No ☐ N/A | |
| Rush TAT requested on COC | ☐ Yes ☐ No ☐ N/A | |
| Sufficient Volume | ☒ Yes ☐ No ☐ N/A | |
| Correct Containers Used | ☒ Yes ☐ No ☐ N/A | |
| Containers Intact | ☒ Yes ☐ No ☐ N/A | |
| Sample Labels match COC (sample IDs & date/time of collection) | ☒ Yes ☐ No ☐ N/A | |
| All containers needing acid/base preservation have been checked. | ☐ Yes ☐ No ☐ N/A | Preservation Information: Preservative:_____ Lot #/Trace #:_____ Date:_____ Time:_____ Initials:_____ |
| All Containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: Vials, Microbiology, O&G, Metals | ☐ Yes ☐ No ☐ N/A | |
| Headspace in VOA Vials? ( >6mm): | ☐ Yes ☐ No ☐ N/A | |
| Trip Blank Present: | ☐ Yes ☐ No ☐ N/A | |

**Additional Login Comments:**

**Client notification/ Resolution**
Person Contacted: Date/Time:
Comments/Resolution:

**Pace Analytical Services, LLC**
315 Fullerton Avenue
Newburgh, NY 12550
(845)562-0890

December 26, 2024

Maureen Doherty
Orange-Ulster BOCES
53 Gibson Road
Goshen, NY 10924

RE: Project: Chester UFSD - Chester ES
Pace Project No.: 70326616

Dear Maureen Doherty:

Enclosed are the analytical results for sample(s) received by the laboratory on December 10, 2024. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Newburgh

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

Sincerely,

Felicia Morgan-Nichols
felicia.morgan-nichols@pacelabs.com
(845)562-0890
Project Manager

Enclosures

cc: Mikayla Higgins, Orange-Ulster BOCES
Ashley Kimiecik, Orange-Ulster BOCES
Halina Redner, Orange-Ulster BOCES

**Pace Analytical Services, LLC**
315 Fullerton Avenue
Newburgh, NY 12550
(845)562-0890

## CERTIFICATIONS

Project: Chester UFSD - Chester ES
Pace Project No.: 70326616

**Pace Analytical Services, LLC- Newburgh, NY**
315 Fullerton Avenue, Newburgh, NY 12550
New York Certification #: 10142 Primary Accrediting Body
New Jersey Certification #: NY015
Connecticut Certification #: PH-0823

**Pace Analytical Services, LLC**
315 Fullerton Avenue
Newburgh, NY 12550
(845)562-0890

# PROJECT NARRATIVE

Project: Chester UFSD - Chester ES
Pace Project No.: 70326616

**Method:** **EPA 200.8, Rev. 5.4**
**Description:** NB 200.8 ICPMS DW No Prep
**Client:** Orange-Ulster BOCES
**Date:** December 26, 2024

**General Information:**
1 sample was analyzed for EPA 200.8, Rev. 5.4 by Pace Analytical Services Newburgh. All samples were received in acceptable condition with any exceptions noted below or on the chain-of custody and/or the sample condition upon receipt form (SCUR) attached at the end of this report.

**Hold Time:**
The samples were analyzed within the method required hold times with any exceptions noted below.

**Initial Calibrations (including MS Tune as applicable):**
All criteria were within method requirements with any exceptions noted below.

**Continuing Calibration:**
All criteria were within method requirements with any exceptions noted below.

**Internal Standards:**
All internal standards were within QC limits with any exceptions noted below.

**Surrogates:**
All surrogates were within QC limits with any exceptions noted below.

**Method Blank:**
All analytes were below the report limit in the method blank, where applicable, with any exceptions noted below.

**Laboratory Control Spike:**
All laboratory control spike compounds were within QC limits with any exceptions noted below.

**Matrix Spikes:**
All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

**Duplicate Sample:**
All duplicate sample results were within method acceptance criteria with any exceptions noted below.

**Additional Comments:**

This data package has been reviewed for quality and completeness and is approved for release.

**Pace Analytical Services, LLC**
315 Fullerton Avenue
Newburgh, NY 12550
(845)562-0890

## ANALYTICAL RESULTS

Project: Chester UFSD - Chester ES
Pace Project No.: 70326616

**Sample: Nurses Office Sink** **Lab ID: 70326616001** Collected: 12/10/24 04:40 Received: 12/10/24 08:38 Matrix: Drinking Water

| Parameters | Results | Units | Report Limit | DF | Prepared | Analyzed | CAS No. | Qual |
|---|---|---|---|---|---|---|---|---|
| **NB 200.8 ICPMS DW No Prep** | Analytical Method: EPA 200.8, Rev. 5.4<br>Pace Analytical Services - Newburgh | | | | | | | |
| Lead | **2.1** | ug/L | 1.0 | 1 | | 12/24/24 13:30 | 7439-92-1 | |

## REPORT OF LABORATORY ANALYSIS

**Pace Analytical Services, LLC**
315 Fullerton Avenue
Newburgh, NY 12550
(845)562-0890

## QUALITY CONTROL DATA

Project: Chester UFSD - Chester ES
Pace Project No.: 70326616

QC Batch: 376834
QC Batch Method: EPA 200.8, Rev. 5.4
Analysis Method: EPA 200.8, Rev. 5.4
Analysis Description: NB 200.8 ICPMS DW No Prep
Laboratory: Pace Analytical Services - Newburgh
Associated Lab Samples: 70326616001

METHOD BLANK: 1975593 Matrix: Water
Associated Lab Samples: 70326616001

| Parameter | Units | Blank Result | Reporting Limit | Analyzed | Qualifiers |
|---|---|---|---|---|---|
| Lead | ug/L | ND | 1.0 | 12/24/24 13:00 | |

LABORATORY CONTROL SAMPLE: 1975594

| Parameter | Units | Spike Conc. | LCS Result | LCS % Rec | % Rec Limits | Qualifiers |
|---|---|---|---|---|---|---|
| Lead | ug/L | 50 | 50.7 | 101 | 85-115 | |

MATRIX SPIKE SAMPLE: 1975596

| Parameter | Units | 70327855001 Result | Spike Conc. | MS Result | MS % Rec | % Rec Limits | Qualifiers |
|---|---|---|---|---|---|---|---|
| Lead | ug/L | 5.6 | 50 | 60.6 | 110 | 70-130 | |

MATRIX SPIKE SAMPLE: 1975598

| Parameter | Units | 70326629005 Result | Spike Conc. | MS Result | MS % Rec | % Rec Limits | Qualifiers |
|---|---|---|---|---|---|---|---|
| Lead | ug/L | 1.1 | 50 | 58.1 | 114 | 70-130 | |

SAMPLE DUPLICATE: 1975595

| Parameter | Units | 70327855001 Result | Dup Result | RPD | Qualifiers |
|---|---|---|---|---|---|
| Lead | ug/L | 5.6 | 5.6 | 0 | |

**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

**Pace Analytical Services, LLC**
315 Fullerton Avenue
Newburgh, NY 12550
(845)562-0890

# QUALIFIERS

Project: Chester UFSD - Chester ES
Pace Project No.: 70326616

**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.

TNTC - Too Numerous To Count

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 - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

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.

Reported results are not rounded until the final step prior to reporting. Therefore, calculated parameters that are typically reported as "Total" may vary slightly from the sum of the reported component parameters.

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

TNI - The NELAC Institute.

**Pace Analytical Services, LLC**
315 Fullerton Avenue
Newburgh, NY 12550
(845)562-0890

## QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: Chester UFSD - Chester ES
Pace Project No.: 70326616

| Lab ID | Sample ID | QC Batch Method | QC Batch | Analytical Method | Analytical Batch |
|---|---|---|---|---|---|
| **70326616001** | **Nurses Office Sink** | EPA 200.8, Rev. 5.4 | 376834 | | |

Pace® Location Requested (City/State): **Newburgh, NY**

# CHAIN-OF-CUSTODY Analytical Request Document

Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

**WO# : 70326616**

70326616

| | |
|---|---|
| **Company Name:** Orange-Ulster BOCES | Contact/Report To: Maureen Doherty |
| Street Address: 53 Gibson Road, Goshen, NY 10924 | Phone #: 845-781-4887 |
| | E-Mail: Maureen.Doherty@ouboces.org |
| | Cc E-Mail: Halina.redner@ouboces.org |
| Customer Project #: | Invoice to: Halina Redner |
| Project Name: | Invoice E-mail: halina.redner@ouboces.org |
| Site Collection Info/Facility ID (as applicable): Chester UFSD - Chester ES | Purchase Order # (if applicable): ~~A24-00300~~ A25-00001 |
| | Quote #: |
| Time Zone Collected: [ ] AK [ ] PT [ ] MT [ ] CT [X] ET | County / State origin of sample(s): Orange County / New York |
| Data Deliverables: [ ] Level II [ ] Level III [ ] Level IV [ ] EQUIS [ ] Other | Regulatory Program (DW, RCRA, etc.) as applicable: Reportable [ ] Yes [ ] No |
| | Rush (Pre-approval required): [ ] Same Day [ ] 1 Day [ ] 2 Day [ ] 3 Day Other<br>Date Results Requested: |
| | DW PWSID # or WW Permit # as applicable:<br>Field Filtered (if applicable): [ ] Yes [ ] No<br>Analysis: |

Specify Container Size **: 3

Identify Container Preservative Type***: 2

Analysis Requested: Lead

**Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 40mL vial, (7) EnCore, (8) TerraCore, (9) 90mL, (10) Other

*** Preservative Types: (1) None, (2) HNO3, (3) H2SO4, (4) HCl, (5) NaOH, (6) Zn Acetate, (7) NaHSO4, (8) Sod. Thiosulfate, (9) Ascorbic Acid, (10) MeOH, (11) Other

Lab Use Only: Proj. Mgr: | AcctNum / Client ID: | Table #: | Profile / Template: 11266 | Prelog / Bottle Ord. ID:

Preservation non-conformance identified for sample.

* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Soil/Solid (SS), Oil (OL), Wipe (WP), Tissue (TS), Bioassay (B), Vapor (V), Surface Water (SW), Sediment (SED), Sludge (SL), Caulk (CK), Leachate (LL), Biosolid (BS), Other (OT)

| Customer Sample ID | Matrix * | Comp / Grab | Composite Start Date | Composite Start Time | Collected or Composite End Date | Collected or Composite End Time | # Cont. | Residual Chlorine Result | Residual Chlorine Units | Sample Comment |
|---|---|---|---|---|---|---|---|---|---|---|
| Nurse's office Sink | DW | G | | | 12/10/24 | 4:40 | 1 | | | X |

Additional Instructions from Pace®:

Collected By: Printed Name: Mikayla Higgins

Signature: Mikayla Higgins

Customer Remarks / Special Conditions / Possible Hazards:

| # Coolers: | Thermometer ID: | Correction Factor (°C): | Obs. Temp. (°C): | Corrected Temp. (°C): | [ ] On Ice |
|---|---|---|---|---|---|
| | | | | 5.1 | ICE |

| Relinquished by/Company: (Signature) | Date/Time: | Received by/Company: (Signature) | Date/Time: |
|---|---|---|---|
| Mikayla Higgins | 12/10/24 ; 8:38 | | 12/10/24 0838 |
| Relinquished by/Company: (Signature) | Date/Time: | Received by/Company: (Signature) | Date/Time: |
| Relinquished by/Company: (Signature) | Date/Time: | Received by/Company: (Signature) | Date/Time: |
| Relinquished by/Company: (Signature) | Date/Time: | Received by/Company: (Signature) | Date/Time: |

Tracking Number:

Delivered by: [ ] In- Person [ ] Courier [ ] FedEx [ ] UPS [ ] Other

Page: 1 of 1

# Sample Condition Upon Receipt Form (SCUR)

WO#: 70326616
PM: FMN Due Date: 12/17/24
CLIENT: NB-OU BOCES

Project #
Client:

Date and Initials of person:
Examining contents:
Label:
Deliver to location:
pH:

Thermometer Used: IRG4 Date: 12/10 Time: 0838 Initials:

State of Origin: NY

Cooler #1 Temp.°C 13.1 (Visual) 0.2 @ 0.0°C, -0.5 @20.0°C (Correction Factor) (Actual) ☑ ~~Samples on ice, cooling process has begun~~

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

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

Tracking #

Custody Seal on Cooler/Box Present: ☐ Yes ☐ No Seals intact: ☐ Yes ☐ No Ice: ~~Wet~~ ~~Blue~~ Melted (None)

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ None ☐ Other

Samples were collected by Pace employee ☐ Yes ☐ No ☐ N/A

| | | Comments: |
|---|---|---|
| Chain of Custody Present | ☑ Yes ☐ No ☐ N/A | |
| Chain of Custody Filled Out | ☑ Yes ☐ No ☐ N/A | |
| Relinquished Signature on COC | ☑ Yes ☐ No ☐ N/A | |
| Sampler Name and Signature on COC | ☑ Yes ☐ No ☐ N/A | |
| Samples Arrived within Hold Time | ☑ Yes ☐ No ☐ N/A | |
| Rush TAT requested on COC | ☐ Yes ☐ No ☐ N/A | |
| Sufficient Volume | ☑ Yes ☐ No ☐ N/A | |
| Correct Containers Used | ☑ Yes ☐ No ☐ N/A | |
| Containers Intact | ☑ Yes ☐ No ☐ N/A | |
| Sample Labels match COC (sample IDs & date/time of collection) | ☑ Yes ☐ No ☐ N/A | |
| All containers needing acid/base preservation have been checked. | ☐ Yes ☐ No ☐ N/A | Preservation Information: Preservative: |
| All Containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: Vials, Microbiology, O&G, Metals | ☐ Yes ☐ No ☐ N/A | Lot #/Trace #: Date: Time: Initials: |
| Headspace in VOA Vials? ( >6mm): | ☐ Yes ☐ No ☐ N/A | |
| Trip Blank Present: | ☐ Yes ☐ No ☐ N/A | |

Additional Login Comments:

Client notification/ Resolution
Person Contacted: Date/Time:
Comments/Resolution: