Pace® Location Requested (City/State):
Pace Analytical Long Island NY
575 Broad Hollow Rd, Melville, NY 11747

CHAIN-OF-CUSTODY Analytical Request Document

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

WO# : 70459083

70459083

Company Name:	OHM BOCES Clinton CSD
Street Address:	75 Chenango Ave Clinton , NY 13323 P: (315) 368-4585
Customer Project #:	
Project Name:	Clinton CSD
Site Collection Info/Facility ID (as applicable):	High School
Contact/Report To:	Nicholas DeBella
Phone #:	315 368 4585
E-Mail:	ndebella@ccs.edu
Cc E-Mail:	
Invoice To:	
Invoice E-Mail:	
Purchase Order # (if applicable):	
Quote #:	

Time Zone Collected: [ ] AK [ ] PT [ ] MT [ ] CT [X] ET

County / State origin of sample(s): New York

Data Deliverables:
[ ] Level II [ ] Level III [ ] Level IV
[ ] EQUIS
[ ] Other_____

Regulatory Program (DW, RCRA, etc.) as applicable: NY Lead in School DW

Rush (Pre-approval required):
[ ] 2 Day [ ] 3 day [ ] 5 day [ ] Other_____

Date Results Requested: Standard 10 business day

DW PWSID # or WW Permit # as applicable:

Field Filtered (if applicable): [ ] Yes [ ] No

Analysis:

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

Specify Container Size **

Identify Container Preservative Type***

Analysis Requested

**Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 40mL vial, (7) EnCore, (8) TerraCore, (9) 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: Alexandria Correa
AcctNum / Client ID:
Table #:
Profile / Template: x
Prelog / Bottle Ord. ID:

Customer Sample ID	Matrix *	Comp / Grab	Collected (or Composite Start) Date	Collected (or Composite Start) Time	Composite End Date	Composite End Time	Res. Cl2	Number & Type of Containers Plastic	Number & Type of Containers Glass	200.8 Drinking Water (Pb only)	Sample Comment	Preservation non-conformance identified for sample.
CHS 12	DW	G	10/20/2026	542				1		X		
CHS 37				527								
CHS 38				528								
CHS 39				525								
CHS 40				525								
CHS 47				530								
CHS 48				530								
CHS 61				520								
CHS 62				520								
CHS 63				522								

Customer Remarks / Special Conditions / Possible Hazards:
Lead

Collected By:
Printed Name: Richard Paszkiewicz
Signature:

Additional Instructions from Pace®:

# Coolers:	Thermometer ID:	Correction Factor (°C):	Obs. Temp. (°C)	Corrected Temp. (°C)
1	T141	0	20.8	20.8

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/29 1315	PACE	10/29/26 1315
	10/29/26 1315		10/29/26 2305
	10/30/26 0145		10/30 2:30
	10/30 6:00		

Tracking Number:

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

Page: 1 of 3

Submitting a sample via this chain of custody constitutes acknowledgment and acceptance of the Pace® Terms and Conditions found at https://www.pacelabs.com/resource-library/resource/pace-terms-and-conditions/

ENV-FRM-CORQ-0019_v01_082123 ©

PMD P.U. 10/30/26 6:00

Pace® Location Requested (City/State):
Pace Analytical Long Island NY
575 Broad Hollow Rd, Melville, NY 11747

CHAIN-OF-CUSTODY Analytical Request Document

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LAB USE ONLY- Affix Workorder/Login Label Here

Scan QR Code for instructions

Company Name: OHM BOCES Clinton CSD
Street Address: 75 Chenango Ave, Clinton , NY 13323, P: (315) 368-4585
Customer Project #:
Project Name: Clinton CSD
Site Collection Info/Facility ID (as applicable): High School

Contact/Report To:
Phone #:
E-Mail:
Cc E-Mail:
Invoice To:
Invoice E-Mail:
Purchase Order # (if applicable):
Quote #:

Time Zone Collected: [ ] AK [ ] PT [ ] MT [ ] CT [X] ET
County / State origin of sample(s): New York

Data Deliverables: [ ] Level II [ ] Level III [ ] Level IV [ ] EQUIS [ ] Other_____
Regulatory Program (DW, RCRA, etc.) as applicable: NY Lead in School DW
Rush (Pre-approval required): [ ] 2 Day [ ] 3 day [ ] 5 day [ ] Other_____
Date Results Requested: Standard 10 business day
DW PWSID # or WW Permit # as applicable:
Field Filtered (if applicable): [ ] Yes [ ] No
Analysis:

Specify Container Size **
Identify Container Preservative Type***
Analysis Requested

**Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 40mL vial, (7) EnCore, (8) TerraCore, (9) 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: Alexandria Correa; AcctNum / Client ID:; Table #:; Profile / Template: x; Prelog / Bottle Ord. ID:

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

Customer Sample ID	Matrix *	Comp / Grab	Collected (or Composite Start) Date	Collected (or Composite Start) Time	Composite End Date	Composite End Time	Res. CL2	Number & Type of Containers: Plastic	Number & Type of Containers: Glass	200.8 Drinking Water (Pb only)	Sample Comment	Preservation non-conformance identified for sample
CHS17	DW	G	10/20/2026	532				1		X		
CHS 96				536								
CHS 98				536								
CHS 99				537								
CHS 102				538								
CHS 104				538								
CHS 106				539								
CHS 15				534								
CHS 4				517								
CHS 3				516								

Customer Remarks / Special Conditions / Possible Hazards:
Lead

Collected By:
Printed Name: Richard Paszkiewicz
Signature:

Additional Instructions from Pace®:
Coolers: 1 | Thermometer ID: IR11 | Correction Factor (°C): 0 | Obs. Temp. (°C): 23.4 | Corrected Temp. (°C): 23.4

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/29/26 1315	PACE	10/29/26 1315
	10/29/26 1315		10/29/26 2305
	10/30/26 0145		10/30 2:20
	10/30 6:00		

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

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10/30 6:00

Pace® Location Requested (City/State):
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575 Broad Hollow Rd, Melville, NY 11747

CHAIN-OF-CUSTODY Analytical Request Document

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LAB USE ONLY- Affix Workorder/Login Label Here

Scan QR Code for instructions

Company Name: OHM BOCES Clinton CSD	Contact/Report To:
Street Address: 75 Chenango Ave, Clinton , NY 13323, P: (315) 368-4585	Phone #:
	E-Mail:
	Cc E-Mail:
Customer Project #:	Invoice To:
Project Name: Clinton CSD	Invoice E-Mail:
Site Collection Info/Facility ID (as applicable): High School	Purchase Order # (if applicable):
	Quote #:
Time Zone Collected: [ ] AK [ ] PT [ ] MT [ ] CT [X] ET	County / State origin of sample(s): New York

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[ ] Level II [ ] Level III [ ] Level IV
[ ] EQUIS
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Regulatory Program (DW, RCRA, etc.) as applicable: NY Lead in School DW

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[ ] 2 Day [ ] 3 day [ ] 5 day [ ] Other_____

Date Results Requested: Standard 10 business day

DW PWSID # or WW Permit # as applicable:

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*** 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: Alexandria Correa; AcctNum / Client ID:; Table #:; Profile / Template: X; Prelog / Bottle Ord. ID:

Customer Sample ID	Matrix *	Comp / Grab	Collected (or Composite Start) Date	Collected (or Composite Start) Time	Composite End Date	Composite End Time	Res. CL2	Number & Type of Containers: Plastic	Number & Type of Containers: Glass	200.8 Drinking Water (Pb only)	Sample Comment	Preservation non-conformance identified for sample.
CHS 7	DW	G	10/20/2026	523				1		X		
CHS 16				532								
CHS 1				513								
CHS 2				513								
CHS 17				532								
CHS 15				534								

Customer Remarks / Special Conditions / Possible Hazards:
Lead

Collected By:
Printed Name: Richard Paszkiewicz
Signature:

Additional Instructions from Pace®:
Coolers: Thermometer ID: Correction Factor (°C): Obs. Temp. (°C) 25.8 Corrected Temp. (°C) 25.8

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:	Tracking Number:
	10/29			
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time: 10/29/26 2305	Delivered by: [ ] In- Person [ ] Courier
Relinquished by/Company: (Signature)	Date/Time: 10/30/26 0145	Received by/Company: (Signature)	Date/Time: 10/30 2:30	[ ] FedEX [ ] UPS [ ] Other
Relinquished by/Company: (Signature)	Date/Time: 10/30 6:30	Received by/Company: (Signature)	Date/Time:	Page: 3 of 3

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BMD PWL 10/30/26 6:30

DC#_Title: ENV-FRM-MELV-0024 v08_SCUR
Effective Date: 5/12/2026

WO# : 70459083

PM: ALC **Due Date: 11/10/26**
CLIENT: ClintonCSD

Client Name: Clinton CSD **Project #**

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

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☐ No **Seals intact:** ☐ Yes ☑ No **Temperature Blank Present:** ☐ Yes ☐ No
Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☐ None ☐ Other **Type of Ice:** Wet Blue None

Thermometer Used: T1 #4 **Correction Factor:** +0.2 ☐ Samples on ice, cooling process has begun
Cooler Temperature(°C): 20.8 **Cooler Temperature Corrected(°C):** 21.0 **Date/Time 5035A kits placed in freezer**
Temp should be above freezing to 8.0°C

USDA Regulated Soil (☐ N/A, water sample)

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ Yes ☐ No

Did samples orignate from a foreign source including Hawaii and Puerto Rico)? ☐ Yes ☐ No

If Yes to either question, fill out a Regulated Soil Checklist (ENV-FRM-MELV-0076) and include with SCUR/COC paperwork.

Date and Initials of person examining contents: 11/2/26

				COMMENTS:
Chain of Custody Present:	☑Yes	☐No		1.
Chain of Custody Filled Out:	☑Yes	☐No		2.
Chain of Custody Relinquished:	☑Yes	☐No		3.
Sampler Name & Signature on COC:	☑Yes	☐No	☐N/A	4.
Samples Arrived within Hold Time:	☑Yes	☐No		5.
Short Hold Time Analysis (<72hr):	☐Yes	☑No		6.
Rush Turn Around Time Requested:	☐Yes	☑No		7.
Sufficient Volume: (Triple volume provided for MS/MSD)	☑Yes	☐No		8.
Correct Containers Used:	☑Yes	☐No		9.
-Pace Containers Used:	☑Yes	☐No		
Containers Intact:	☑Yes	☐No		10.
Filtered volume received for Dissolved tests	☐Yes	☐No	☑N/A	11. Note: if sediment is visible in the dissolved container.
Sample Labels match COC: -Includes date/time/ID/Analysis Matrix: SL WT OIL OTHER	☐Yes	☑No		12. No Bottle Record ID Clts 15

Date and Initials of person checking preservation: 11/2/26

All containers needing preservation have been checked? pH paper Lot # 260528	☑Yes	☐No	☐N/A	13. ☐ HNO_3 ☐ H_2SO_4 ☐ NaOH ☐ HCl Sample #
All containers needing preservation are found to be in compliance with method recommendation? (HNO_3, H_2SO_4, HCl, NaOH>9 Sulfide, NAOH>12 Cyanide) Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis	☑Yes	☐No	☐N/A	Initial when completed: / Lot # of added preservative: / Date/Time preservative added:
Samples checked for dechlorination: KI starch test strips Lot # Residual chlorine strips Lot #	☐Yes	☐No	☑N/A	14. Positive for Res. Chlorine? Y N
SM 4500 CN samples checked for sulfide? Lead Acetate Strips Lot #	☐Yes	☐No	☑N/A	15. Positive for Sulfide? Y N
Headspace in ALK Bottle (>6mm):	☐Yes	☐No	☑N/A	
Headspace in VOA Vials (>6mm):	☐Yes	☐No	☑N/A	16.
Trip Blank Present:	☐Yes	☐No	☑N/A	17.
Trip Blank Custody Seals Present	☐Yes	☐No	☑N/A	

Client Notification/ Resolution: **Field Data Required? Y / N**
Person Contacted: **Date/Time:**
Comments/ Resolution:

*** PM (Project Manager) review (which includes the SCUR) is documented electronically in LIMS.**