



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J7D1565

Cortland City School District

Project Name: Lead Analysis

Bob Martin  
1 Valley View Drive  
Cortland, NY 13045

Project / PO Number: N/A  
Received: 04/27/2017 09:26  
Reported: 05/08/2017 10:07

Analytical Testing Parameters

Client Sample ID: Room 79C  
Lab Sample ID: J7D1565-01  
Sample Type: Grab

Collected By: Client  
Collection Date: 04/27/17  
Collection Time: 06:32

Lead and/or Copper, Total - ICP/MS	Result	AL	PQL	Units	Note	Prepared	Analyzed	Lab
Method: EPA 200.8, Rv 5.4								
Lead	0.00304	0.0150	0.000500	mg/L		04/28/17 1404	05/01/17 1723	NY

Laboratory

NY: Microbac Laboratories, Inc., New York Division

Definitions

AL: US EPA Action Level  
RL: Reporting Limit  
G: Result fails applicable NYS drinking water standards

Cooler Receipt Log

Cooler ID: Default Cooler Temp: 23.1°C

Cooler Inspection Checklist

Custody Seals Intact and/or No Evidence of Tampering	Yes	Containers Intact	Yes
COC/Labels Agree	Yes	Preservation Correct (or not required)	Yes
Received on Ice (or not required)	Yes		

Project Requested Certification(s)

Microbac Laboratories, Inc., New York Division  
NY Lab ID No.: 10795

New York State Department of Health

Report Comments

Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.

Reviewed and Approved By:

Andrew Canale  
Project Manager  
05/08/2017 10:07

**Go Green:** Contact Andrew Canale to set up email reporting and invoicing options.

The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. For any feedback concerning our services, please contact Andrew Canale, Project Manager at [andrew.canale@microbac.com](mailto:andrew.canale@microbac.com). You may also contact Michael Fifield, Managing Director at [michael.fifield@microbac.com](mailto:michael.fifield@microbac.com) or Robert Crookston, President at [robert.crookston@microbac.com](mailto:robert.crookston@microbac.com).

MNY Workorder #

Client Information				Billing/Invoice:		Analysis Requested				Receiving Info (Lab Use Only)			
Name: CHS										Ice: YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
Address: E VACHUNG W DRIVE										Cooler: YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
Contact:										Sample Temp: 23.1			
Phone:										Cooler Seal: YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
Project:										Pickup: YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
Quote ID:				PO#:						Dropoff: C W			
Rush TAT Bus. Days: <2 2-5 5-7 7-10				Date Req.:						Accepted? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
Release to DOH: Yes										Container Material			
Email Results: Yes				Rmartin@corlandchood.org / Knowlby@						Container Size (in MI)			
Fax Results: Yes										Preservative			
Sample Information						Number of Containers for Analysis Requested						Comments/Field Data	
Description/Location	Date	Time	Initial	Matrix Type									
1 CONCESSION STAND	4/27/17		RBN	DW									
2 Rm 79C	4/27/17	6:32AM	RBN	Gab									
3													
4													
5													
6													
7													
8													
Print Name and Company						Signature		Date/Time		Comments			
Sampled: Rick Niederhoffer						Rick Niederhoffer		4/27/17 7AM					
Received: ROB MARTIN CHS						ROB		4/27/17 7:02					
Received: Freehantzu mi						Freehantzu mi		4/27/17 9:26					
Received:													
Received:													
Received:													

