



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J7C0844

Cortland City School District

Project Name: Randall Elementary - Lead Testing

Bob Martin
1 Valley View Drive
Cortland, NY 13045

Project / PO Number: N/A
Received: 03/10/2017 08:45
Reported: 03/30/2017 17:43

Analytical Testing Parameters

Client Sample ID: R-50 Kitchen Hand Wash
Lab Sample ID: J7C0844-01
Sample Type: Grab

Collected By: KR-Client
Collection Date: 03/09/17
Collection Time: 06:00

Lead and/or Copper, Total - ICP/MS	Result	AL	PQL	Units	Note	Prepared	Analyzed	Lab
Method: EPA 200.8, Rv 5.4								
Lead	0.0214	0.0150	0.000500	mg/L	G	03/23/17 1405	03/24/17 0936	NY

Laboratory

NY: Microbac Laboratories, Inc., New York Division

Definitions

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

Cooler Receipt Log

Cooler ID: Default Cooler Temp: 19.9°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
03/30/2017 17:43

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. You may also contact Michael Fifield, Managing Director at michael.fifield@microbac.com or Robert Crookston, President at robert.crookston@microbac.com.

Microbac Laboratories, Inc.
CHAIN OF CUSTODY

Samples must be returned ice

MNY Workorder #

Client Information				Billing/Invoice:				Analysis Requested				Receiving Info (Lab Use Only)							
Name: <u>CORTLAND CSD</u>				Address: <u>RANDALL ELEM.</u>				Contact: _____				Ice: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
Phone: _____				Project: _____				Quote ID: _____				Cooler: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
Rush TAT Bus. Days: <2 2-5 5-7 7-10				Date Req.: _____				PO#: _____				Sample Temp: <u>19.9°C</u>							
Release to DOH: Yes				Email Results: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Fax Results: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Cooler Seal: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
Sample Information				Matrix				Number of Containers for Analysis Requested				Accepted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
Description/Location				Date				Time				Initial				Container Material			
1 <u>R-50 KITCHEN HAND WASH</u>				<u>3/9/17</u>				<u>6:00AM</u>				<u>HR</u>				Container Size (in Mi)			
2																Preservative			
3																Comments/Field Data			
4																			
5																			
6																			
7																			
8																			
Print Name and Company				Signature				Date/Time				Comments							
Sampled: <u>KIRK RYAN RANDALL</u>				<u>KR (REM)</u>				<u>3/9 6:00AM</u>											
Received: <u>BOB MANNING CSD</u>				<u>BM</u>				<u>3/9 8:25</u>											
Received: <u>Michael Hays - Microbac</u>				<u>MH</u>				<u>3/10 8:45A</u>											
Received: _____				_____				_____											
Received: _____				_____				_____											
Received: _____				_____				_____											



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