



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J6C1053

Dryden Central School

Project Name: Cassavant Elementary

Robert Medeiros  
P.O. Box 88  
Dryden, NY 13053

Project / PO Number: N/A  
Received: 03/24/2016 08:58  
Reported: 04/13/2016 14:47

Analytical Testing Parameters

Client Sample ID: Kitchen 2 Bay Sink  
Lab Sample ID: J6C1053-01  
Sample Type: Grab

Collected By: RM-Client  
Collection Date: 03/24/16  
Collection Time: 06:23

Analyses Subcontracted to: Microbac Laboratories, Inc. Dayville (NY 11549)

200.8- ICP-MS	Result	MCL	PQL	Units	Note	Prepared	Analyzed
Method: 200.8							
Lead	0.0033		0.001	mg/L		03/28/16 1110	03/29/16 1547

Analytical Testing Parameters

Client Sample ID: 1st Floor Main Corridor  
Lab Sample ID: J6C1053-02  
Sample Type: Grab

Collected By: RM-Client  
Collection Date: 03/24/16  
Collection Time: 06:32

Analyses Subcontracted to: Microbac Laboratories, Inc. Dayville (NY 11549)

200.8- ICP-MS	Result	MCL	PQL	Units	Note	Prepared	Analyzed
Method: 200.8							
Lead	<0.001		0.001	mg/L		03/28/16 1110	03/29/16 1551

Analytical Testing Parameters

Client Sample ID: 2nd Floor Main Corridor  
Lab Sample ID: J6C1053-03  
Sample Type: Grab

Collected By: RM-Client  
Collection Date: 03/24/16  
Collection Time: 06:42

Analyses Subcontracted to: Microbac Laboratories, Inc. Dayville (NY 11549)

200.8- ICP-MS	Result	MCL	PQL	Units	Note	Prepared	Analyzed
Method: 200.8							
Lead	<0.001		0.001	mg/L		03/28/16 1110	03/29/16 1554



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J6C1053

Analytical Testing Parameters

Client Sample ID: Faculty Room Sink
Lab Sample ID: J6C1053-04
Sample Type: Grab

Collected By: RM-Client
Collection Date: 03/24/16
Collection Time: 06:44

Analyses Subcontracted to: Microbac Laboratories, Inc. Dayville (NY 11549)

Table with 8 columns: 200.8- ICP-MS, Result, MCL, PQL, Units, Note, Prepared, Analyzed. Row 1: Method: 200.8, Lead, 0.003, 0.001, mg/L, 03/28/16 1110, 03/29/16 1558

Laboratory

NY: Microbac Laboratories, Inc., New York Division

Definitions

AL: Action Level
PQL: Practical Quantitation Limit

Cooler Receipt Log

Cooler ID: Default Cooler Temp: 17.6°C

Cooler Inspection Checklist

Checklist table with 4 columns: Item, Yes, Item, Yes. Rows: Custody Seals Intact and/or No Evidence of Tampering, COC/Labels Agree, Received on Ice (or not required); Containers Intact, Preservation Correct (or not required)

Project Requested Certification(s)

Table with 2 columns: Client info (Microbac Laboratories, Inc., New York Division, NY Lab ID No.: 10795, Microbac Laboratories, Inc. Dayville (NY 11549), NY Lab ID No: 11549) and Agency info (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
04/13/2016 14:47

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 on ice

MNY Workorder #

Client Information			Billing/Invoice:		Analysis Requested			Receiving Info (Lab Use Only)			
Name: <u>CASABIAN ELMENSTARY</u>			Date Rec: <u>3/24/16</u>		Ice: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Cooler Seal: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Address: <u>32 SCHOOL ST.</u>			Time: <u>6:23a</u>		Sample Temp: <u>17.6 °C</u>			Pickup: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Contact: <u>MCCORMACK NY 13102</u>			Date Req: <u>3/24/16</u>		Cooler Seal: YES <input type="checkbox"/> NO <input type="checkbox"/>			Dropoff: C <input type="checkbox"/> W <input type="checkbox"/>			
Phone: <u>607 280 7799</u>			Date Rec: <u>3/24/16</u>		Accepted? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Container Material			
Project:			Date Req: <u>3/24/16</u>		Container Size (in MI)			Preservative			
Quote ID:			Date Req: <u>3/24/16</u>		Comments/Field Data						
Rush TAT Bus. Days: < 2-5 5-7 <u>(-10)</u>			Date Req: <u>3/24/16</u>								
Carbon Copy: Yes			Date Req: <u>3/24/16</u>								
Email Results: Yes			Date Req: <u>3/24/16</u>								
Fax Results: Yes			Date Req: <u>3/24/16</u>								
Sample Information				Matrix		Signature		Date/Time		Comments	
Description/Location	Date	Time	Initial	Type	Signature	Date/Time	Comments				
1 KITCHEN 2 BAY SINK	3/24/16	6:23a	RM		ROBERT MEDeiros	3/24/16 8:58			CLEAR / 2.05 NTU AT 17°C 5.47 NTU / 1 MIN. PULS		
2 1/2 FOR MAIN CORRIDOR	3/24/16	6:32a	RM		Jennifer Walker	3/24/16 8:58			CLEAR 9.1 NTU AT 1 MIN PULS		
3 2ND FOR MAIN CORRIDOR	3/24/16	6:42a	RM						CLEAR 4.12 AT 1		
4 FACILITY ROOM 3 INK	3/24/16	6:44a	RM						75 NTU / 1 MIN PULS CLEAR 1.44 NTU		
5											
6											
7											
8											
Print Name and Company			Signature		Date/Time		Comments				
Sampled: <u>[Signature]</u>			ROBERT MEDeiros		3/24/16 8:58						
Received: <u>Jennifer Walker MSc</u>			Jennifer M Walker		3/24/16 8:58						
Received:											
Received:											
Received:											
Received:											



J6C1053

Microbac Laboratories (MNY) may be unable to perform a portion of the requested testing in which case we will subcontract the analysis to another accredited laboratory. By signing this document you are attesting that you have been informed by MNY of the intent to subcontract and are in agreement with this action.