



Professional Laboratory Services

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Chain of Custody Record

Laboratory Job Number: 6242011-(01-05)

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Client Contact Information		Results Reporting Information		Invoicing Information	
Company/Client Name: <u>Newberg School District</u>		Project Manager:		Accounts Payable Contact:	
Address: <u>714E 6th St.</u>		Mailing Address:		Mailing Address:	
City/State/Zip: <u>Newberg, OR 97132</u>		City/State/Zip:		City/State/Zip:	
phone: <u>503-554-5024</u>		phone:		phone:	
fax or email: <u>Woods5@newberg.k12.or.us</u>		fax or email:		fax or email:	

SAMPLING INFORMATION

Sampling Location: <u>Various - Re-Test</u>	P.O. #:	PWSID #:
Sampled By: <u>Scott Woods</u>	Project Name: <u>Lead Testing Project #:</u>	Permit #:

Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					Analysis Requested**					SEE ATTACHED	Sample Specific Notes/Field Data for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u> , <u>Source</u> / <u>Distribution</u> , <u>Single</u> / <u>Combined</u> WHERE APPLICABLE
Lab ID	Sample Identification	Date Collected	Time Collected	Sample Matrix*	# of cont. rec'd	Lead					
-01	NHS F-103 Front EAST sink	8-29-16 6:50am	6:50am			✓					
-02	NHS F-106 Front North sink	8-29-16	6:45am			✓					
-03	NHS J-108 SE Prep sink	8-29-16	6:58am			✓					
-04	NHS J-108 SW Prep sink	8-29-16	7:00am			✓					
-05	MTV Kitchen NE Sink	8-29-16	7:18am			✓					

First Draw

Relinquished By (print): <u>W. Scott Woods</u>	Company: <u>Newberg School Dist.</u>	Date/Time: <u>8-29-16</u>	Signature: <u>[Signature]</u>	Received By: <u>[Signature]</u>	Company: <u>AA</u>	Date/Time: <u>8/29/16 11:22</u>	Signature: <u>[Signature]</u>
Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:

The most current revision of SOP-10-003 was used when these samples were collected

Received by Laboratory Log-In Staff: <u>SAS 8/29/16 11:29</u>	Date/Time:	Temp. on receipt: _____ °C	On ice? <u>Y</u> <u>N</u>
		Containers Intact? <u>Y</u> <u>N</u>	ID: TRM-10- _____

* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW), sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)

** Analyses for SOC, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.