	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Field ID	Flushed Y/N	Laboratory sample ID	Laboratory Name	Lab Certification ID	Date Sampled	Time Sampled	Analytical Method	Date of Analysis	Time of Analysis	Concentration in ug/L	Reporting Limit (ug/L)	Dilution Factor	Digested (Y/N)	Qualifier
2	Field Blank 0 6/16/2017	N	370616048	Garden State	20044	6/16/2017	3:30 AM	200.9	6/19/2017	13:37	<1.0	1	none	N	
3	Sink WRL-WRLS-AFL	N	370616006	Garden State	20044	6/16/2017	3:34 AM	200.9	6/19/2017	10:56	1.5	1	none	N	
4	Filling Station WR-BFS-AFL	N	370616007	Garden State	20044	6/16/2017	3:39	200.9	6/19/2017	10:59	<1.0	1	none	N	
5	Sink 6C-BCS-AFL	N	370616008	Garden State	20044	6/16/2017	3:44	200.9	6/19/2017	11:02	<1.0	1	none	N	
6	Cooler HBC-WC-AFL	N	370616009	Garden State	20044	6/16/2017	3:48	200.9	6/19/2017	11:05	<1.0	1	none	N	
7	Sink TR-TRS-AFL	N	370616010	Garden State	20044	6/16/2017	3:53	200.9	6/19/2017	11:07	2.6	1	none	N	
8	Ice Machine TR-IM-AFL	N	370616011	Garden State	20044	6/16/2017	3:57	200.9	6/19/2017	11:10	<1.0	1	none	N	
9	Filling Station WR-BFS-AFL	N	370616012	Garden State	20044	6/16/2017	4:00	200.9	6/19/2017	11:13	<1.0	1	none	N	
10	Cooler RA8-WC-AFL	N	370616013	Garden State	20044	6/16/2017	4:04	200.9	6/19/2017	11:16	<1.0	1	none	N	
11	Filling Station SG-BFS-1FL	N	370616014	Garden State	20044	6/16/2017	4:13	200.9	6/19/2017	11:24	<1.0	1	none	N	
12	Sink TRS-TL-1FL	N	370616015	Garden State	20044	6/16/2017	4:16	200.9	6/19/2017	11:27	<1.0	1	none	N	
13	Filling Station H112-BFS-1FL	N	370616016	Garden State	20044	6/16/2017	4:19	200.9	6/19/2017	11:30	<1.0	1	none	N	
14	Filling Station NG-BFS-1FL	N	370616017	Garden State	20044	6/16/2017	4:23	200.9	6/19/2017	11:33	<1.0	1	none	N	
15	Sink TRN-TLS-1FL	N	370616018	Garden State	20044	6/16/2017	4:25	200.9	6/19/2017	11:36	<1.0	1	none	N	
16	Filling Station H101-BFS-1FL	N	370616019	Garden State	20044	6/16/2017	4:28	200.9	6/19/2017	11:38	<1.0	1	none	N	
17	Sink PO-POS-1FL	N	370616020	Garden State	20044	6/16/2017	4:30	200.9	6/19/2017	11:41	31.8	1	none	N	YES
18	Sink EH-EHS-2FL	N	370616021	Garden State	20044	6/16/2017	4:38	200.9	6/19/2017	11:44	<1.0	1	none	N	
19	Fountain HEH-DW-2FL	N	370616022	Garden State	20044	6/16/2017	4:40	200.9	6/19/2017	11:47	<1.0	1	none	N	
20	Sink TRS-TLS-2FL	N	370616023	Garden State	20044	6/16/2017	4:43	200.9	6/19/2017	11:50	<1.0	1	none	N	
21	Fountain H213-DW-2FL	N	370616024	Garden State	20044	6/16/2017	4:45	200.9	6/19/2017	12:10	1.1	1	none	N	
22	Sink LO-LOS-2FL	N	370616025	Garden State	20044	6/16/2017	4:47	200.9	6/19/2017	12:12	1.6	1	none	N	
23	Fountain H206-DW-2FL	N	370616026	Garden State	20044	6/16/2017	4:50	200.9	6/19/2017	12:15	<1.0	1	none	N	
24	Sink TRN-TLS-2FL	N	370616027	Garden State	20044	6/16/2017	4:53	200.9	6/19/2017	12:18	<1.0	1	none	N	
25	Fountain H201-DW-2FL	N	370616028	Garden State	20044	6/16/2017	4:56	200.9	6/19/2017	12:21	<1.0	1	none	N	
26	Fountain H314-DW-3FL	N	370616029	Garden State	20044	6/16/2017	5:01	200.9	6/19/2017	12:24	1.4	1	none	N	
27	Sink R314-1-EC-3FL	N	370616030	Garden State	20044	6/16/2017	5:04	200.9	6/19/2017	12:27	7.5	1	none	N	
28	Sink R314-2-EC-3FL	N	370616031	Garden State	20044	6/16/2017	5:06	200.9	6/19/2017	12:29	1.3	1	none	N	
29	Sink SS-SSS-3FL	N	370616032	Garden State	20044	6/16/2017	5:08	200.9	6/19/2017	12:38	4.4	1	none	N	
30	Filling Station CS-BFS-3FL	N	370616033	Garden State	20044	6/16/2017	5:11	200.9	6/19/2017	12:41	<1.0	1	none	N	
31	Sink TRS-TLS-3FL	N	370616034	Garden State	20044	6/16/2017	5:13	200.9	6/19/2017	12:44	<1.0	1	none	N	
32	Sink CK2-FPS-3FL	N	370616035	Garden State	20044	6/16/2017	5:17	200.9	6/19/2017	12:46	<1.0	1	none	N	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
33	Ice Machine CK-IM-3FL	N	370616036	Garden State	20044	6/16/2017	5:19	200.9	6/19/2017	12:49	<1.0	1	none	N	
34	Sink CK2-FPS-3FL	N	370616037	Garden State	20044	6/16/2017	5:22	200.9	6/19/2017	12:52	<1.0	1	none	N	
35	Coffee Machine CTSL-CM-3FL	N	370616038	Garden State	20044	6/16/2017	5:26	200.9	6/19/2017	12:55	<1.0	1	none	N	
36	Fountain H312R-DW-3FL	N	370616039	Garden State	20044	6/16/2017	5:31	200.9	6/19/2017	14:26	9.85	1	none	N	
37	Fountain H312L-DW-3FL	N	370616040	Garden State	20044	6/16/2017	5:33	200.9	6/19/2017	12:58	<1.0	1	none	N	
38	Fountain H304-DW-3FL	N	370616041	Garden State	20044	6/16/2017	5:37	200.9	6/19/2017	13:01	<1.0	1	none	N	
39	Sink RB304-CS-3FL	N	370616042	Garden State	20044	6/16/2017	5:39	200.9	6/19/2017	13:03	<1.0	1	none	N	
40	Sink R304-CS-3FL	N	370616043	Garden State	20044	6/16/2017	5:42	200.9	6/19/2017	13:23	<1.0	1	none	N	
41	Filling Station CS-BFS-3FL	N	370616044	Garden State	20044	6/16/2017	5:45	200.9	6/19/2017	13:26	<1.0	1	none	N	
42	Sink TRN-TLS-3FL	N	370616045	Garden State	20044	6/16/2017	5:47	200.9	6/19/2017	13:29	<1.0	1	none	N	
43	Fountain H301-R-DW-3FL	N	370616046	Garden State	20044	6/16/2017	5:50	200.9	6/19/2017	13:32	<1.0	1	none	N	
44	Fountain H301-L-DW-3FL	N	370616047	Garden State	20044	6/16/2017	5:52	200.9	6/19/2017	13:34	4.6	1	none	N	
45	Field Blank - 6/22/2017	N	370622047	Garden State	20044	6/22/2017	3:30	200.9	6/23/2017	19:01	<1.0	1	none	N	
46	Cooler HOP-WC-1FL	N	370622017	Garden State	20044	6/22/2017	3:31	200.9	6/23/2017	17:11	<1.0	1	none	N	
47	Cooler BMR-WC-1FL	N	370622018	Garden State	20044	6/22/2017	3:35	200.9	6/23/2017	17:13	<1.0	1	none	N	
48	Sink BMR-BRS-1FL	N	370622019	Garden State	20044	6/22/2017	3:37	200.9	6/23/2017	17:16	8.1	1	none	N	
49	Sink PC-PCS-1FL	N	370622020	Garden State	20044	6/22/2017	3:42	200.9	6/23/2017	17:18	5.6	1	none	N	
50	Cooler HSS-WC-1FL	N	370622021	Garden State	20044	6/22/2017	3:45	200.9	6/23/2017	17:22	<1.0	1	none	N	
51	Cooler SSO-WC-1FL	N	370622022	Garden State	20044	6/22/2017	3:48	200.9	6/23/2017	17:30	<1.0	1	none	N	
52	Cooler HOA-WC-1FL	N	370622023	Garden State	20044	6/22/2017	3:50	200.9	6/23/2017	17:33	<1.0	1	none	N	
53	Fountain H230-DW-2FL	N	370622024	Garden State	20044	6/22/2017	3:56	200.9	6/23/2017	17:36	3.1	1	none	N	
54	Sink TR-TLS-2FL	N	370622025	Garden State	20044	6/22/2017	4:00	200.9	6/23/2017	17:39	4.9	1	none	N	
55	Sink NO-NOS-2FL	N	370622026	Garden State	20044	6/22/2017	4:03	200.9	6/23/2017	17:42	<1.0	1	none	N	
56	Sink TRR-TLS-3FL	N	370622027	Garden State	20044	6/22/2017	4:09	200.9	6/23/2017	17:44	6.8	1	none	N	
57	Sink TRL-TLS-3FL	N	370622028	Garden State	20044	6/22/2017	4:11	200.9	6/23/2017	17:47	<1.0	1	none	N	
58	Sink DR-DRS-1FL	N	370622029	Garden State	20044	6/22/2017	4:18	200.9	6/23/2017	17:50	<1.0	1	none	N	
59	Sink CR-CRS-GF	N	370622030	Garden State	20044	6/22/2017	4:23	200.9	6/23/2017	17:53	<1.0	1	none	N	
60	Filling Station HSC-BFS-1FL	N	370622031	Garden State	20044	6/22/2017	4:26	200.9	6/23/2017	17:56	<1.0	1	none	N	
61	Sink SC-SCS-1FL	N	370622032	Garden State	20044	6/22/2017	4:29	200.9	6/23/2017	18:15	34.8	1	none	N	yes
62	Sink CS-CSS-1FL	N	370622033	Garden State	20044	6/22/2017	4:34	200.9	6/28/2017	13:45	2.4	1	none	N	
63	Cooler H136-WC-1FL	N	370622034	Garden State	20044	6/22/2017	4:37	200.9	6/23/2017	18:18	<1.0	1	none	N	
64	Cooler H247-WC-2FL	N	370622035	Garden State	20044	6/22/2017	4:41	200.9	6/23/2017	18:21	<1.0	1	none	N	
65	Sink SC-SCS-3FL	N	370622036	Garden State	20044	6/22/2017	4:47	200.9	6/23/2017	18:24	20.4	1	none	N	YES
66	Sink FR-TLS-3FL	N	370622037	Garden State	20044	6/22/2017	4:55	200.9	6/23/2017	18:27	<1.0	1	none	N	
67	Cooler H353-WC-3FL	N	370622038	Garden State	20044	6/22/2017	4:57	200.9	6/23/2017	18:30	<1.0	1	none	N	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
68	Cooler H350-WC-3FL	N	370622039	Garden State	20044	6/22/2017	5:00	200.9	6/23/2017	18:32	<1.0	1	none	N	
69	Filling Station HG5-BFS-GF	N	370622040	Garden State	20044	6/22/2017	5:10	200.9	6/23/2017	18:35	<1.0	1	none	N	
70	Fountain HG5-DW-GF	N	370622041	Garden State	20044	6/22/2017	5:13	200.9	6/23/2017	18:44	<1.0	1	none	N	
71	Sink HG9-HS-GF	N	370622042	Garden State	20044	6/22/2017	5:16	200.9	6/23/2017	18:47	8.7	1	none	N	
72	Sink NO-NS-1FL	N	370622043	Garden State	20044	6/22/2017	5:20	200.9	6/23/2017	18:49	<1.0	1	none	N	
73	Sink R134-CS-1FL	N	370622044	Garden State	20044	6/22/2017	5:23	200.9	6/23/2017	18:52	<1.0	1	none	N	
74	Fountain H129R-DW-1FL	N	370622045	Garden State	20044	6/22/2017	5:27	200.9	6/23/2017	18:55	<1.0	1	none	N	
75	Fountain H129L-DW-1FL	N	370622046	Garden State	20044	6/22/2017	5:29	200.9	6/23/2017	18:58	<1.0	1	none	N	
76	Sink PO-POS-1FL (2nd draw)	N	370616063	Garden State	20044	6/16/2017	4:32	200.9	6/19/2017	15:57	2.5	1	none	N	
77	Sink SC-SCS-1FL (2nd draw)	N	370622063	Garden State	20044	6/22/2017	4:31	200.9	6/23/2017	20:09	18.3	1	none	N	YES
78	Sinnk SC-SCS-3FL(2nd draw)	N	370622067	Garden State	20044	6/22/2017	4:49	200.9	6/23/2017	20:20	1.9	1	none	N	

Garden State Laboratories, Inc.

410 Hillside Ave., Hillside, NJ 07205

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Satellite Office Locations

North Jersey: 225 Sparta Ave, Sparta NJ 07871, Tel. 973-729-1827

South Jersey: 515 Rt. 9, Barnegat, NJ 08005, Tel. 609-698-0199

West Jersey: 2050 Rt. 31 N, Glen Gardner, NJ 08826, Tel. 908-537-7414

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-16-17 10:37 21.8

Page ____ of ____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706160006-10

SAMPLE REC'D BY:

- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: BAYONNE Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: BAYONNE NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD TESTING - DRINKING WATER 1ST DRAW

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		SINK WRL WRLS AFL	6/16	3:34	✓		Lead Testing		P	250	
✓		Ellis Station WR BBS AFL	6/16	3:39	✓				P	250	
✓		SINK - EC BES AFL	6/16	3:44	✓				P	250	
✓		Water - HBG - WC1 AFL	6/16	3:48	✓				P	250	
✓		SINK TR TRS AFL	6/16	3:53	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Tnlo V = Vial Other: Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + EZ PWS ID#:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION

PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT): Anthony MEARINI		Signature:	Date/Time: 6/17 1032
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):		Signature:	Date/Time: 6-16-17 10:37

Garden State Laboratories, Inc.

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Satellite Office Locations

North Jersey	South Jersey	West Jersey
225 Sparta Ave, Sparta NJ 07871	315 Rt. 9, Barnegat, NJ 08005	2050 Rt. 31 N, Glen Gardner, NJ 08826
Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6/16/17 10:37 2.8

Page ____ of ____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706160II-15

SAMPLE REC'D BY:

- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5583

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5576

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing - DRINKING WATER 1ST DRAW

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		Ice Machine TR-IM-AFL	6/16	3:57	✓		Lead		P	250	
✓		Filling Station WR-BFS-AFL	6/16	4:00	✓				P	250	
✓		Cooler RAB-WC-AFL	6/16	4:04	✓				P	250	
✓		Filling Station SG BFS-IR2	6/16	4:13	✓				P	250	
✓		SINK TRS-TL-IFL	6/16	4:16	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: ____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: ____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION

PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):	Signature:	Date/Time:
Client/Client's Representative (PRINT): Anthony Marrano	Signature:	Date/Time: 6/16 1037
1. Received/Relinquished by (PRINT):	Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	Signature:	Date/Time: 6-16-17 6-16-17

Garden State Laboratories, Inc.

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Tel. 908-688-8900/800-273-8901 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Satellite Office Locations

North Jersey	South Jersey	West Jersey
225 Sparta Ave, Sparta NJ 07871	515 Rt. 9, Barnegat, NJ 08805	2050 Rt. 31 N, Glen Gardner, NJ 08826
Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

No COC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-16-17 1037 21.8c

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 370616 016 - 20

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kuhert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing - DRINKING WATER 1ST DRAW

SAMPLE LOCATION: BNS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		Filling Station #112 - BFS - 1F2	6/16	4:19	✓		Lead		P	250	
✓		Filling Station #2 - BFS - 1F2	6/16	4:23	✓				P	250	
✓		SINK TRN - TLS - 1F2	6/16	4:25	✓				P	250	
✓		Filling Station #101 - BFS - 1F2	6/16	4:28	✓				P	250	
✓		SINK PO - POS - 1F2	6/16	4:30	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	Anthony Mancuso	Signature:	Date/Time: 6/16 1037
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):		Signature:	Date/Time: 6-16-1037

Certified by U.S. Public Health Service, N.J. Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 and N.J.D.E.P. - Lab # 20044

CR 3/4/15

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

WO eac

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-16-17 1037 21.1

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706160 21 - 25

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Rubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, NJ. 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing - DRINKING WATER 1ST ~~1ST~~ DRAW 2ND 6/16/17

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		SINK EH-EHS-2FL	6/16	4:38	✓		Lead		P	250	
✓		Fountain HEH-DW-2FL	6/16	4:40	✓				P	250	
✓		SINK TRS-TLS-2FL	6/16	4:43	✓				P	250	
✓		Fountain H213-DW-2FL	6/16	4:45	✓				P	250	
✓		SINK LO-LOS-2FL	6/16	4:47	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	Tony Mirenna	Signature:	Date/Time: 6/16
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	LCH WM	Signature:	Date/Time: 6-16-17 1023

Certified by U.S. Public Health Service, N.J. Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 and N.J.D.E.P. - Lab # 20044

CB 3/1715

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

ND EOC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-16-17 1037 21.8c

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706/6026-30

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Rubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, N.J. 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing DRINKING WATER 1ST DRAW

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		Fountain H206-DW-2FL	6/16	4:50	✓		Lead		P	250	
✓		SINK TRN-TLS-2FL	6/16	4:53	✓				P	250	
✓		Fountain H201-DW-2FL	6/16	4:56	✓				P	250	
✓		Fountain H314-DW-3FL	6/16	5:01	✓				P	250	
✓		SINK R314-1-EC-3FL	6/16	5:04	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	Anthony Marino	Signature:	Date/Time: 6/16 1037
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	CCSF	Signature:	Date/Time: 6/17 10:37

Certified by U.S. Public Health Service, N.J. Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 and N.J.D.E.P. - Lab # 20044

GB 3/4/15

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WD EOC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-16-17 1037 21.8c

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706 16031 - 35

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, N.J. 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing - DRINKING WATER 1ST DRAW

SAMPLE LOCATION: BHS J

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		SINK R314-2-EC 3FL	6/16	5:06	✓		lead		P	250	
✓		SINK SS-SSS-3FL	6/16	5:08	✓				P	250	
✓		Filling Station CS-BFS-3FL	6/16	5:11	✓				P	250	
✓		SINK TRS-TLS-3FL	6/16	5:13	✓				P	250	
✓		SINK CK2-FPS-3FL	6/16	5:17	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	Tony MARINO	Signature: Tony Marino	Date/Time: 6/16/1037
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	Lisa Lee	Signature:	Date/Time: 6/16/21037

CB 3/4/15

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NO COC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6/6/17 1037 21.8

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706160 36-40

SAMPLE REC'D BY:

- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5552

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing - DRINKING WATER 1ST DRAW

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		ICE Machine CK-IM-3FL	6/16	5:19	✓		Lead		P	250	
✓		SINK CK2-FPS-3FL	6/16	5:22	✓				P	250	
✓		Coffee Machine CTSL-BM-3FL	6/16	5:26	✓				P	250	
✓		Fountain H312R-DW-3FL	6/16	5:30	✓				P	250	
✓		Fountain H312L-DW-3FL	6/16	5:33	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):	Signature:	Date/Time:
Client/Client's Representative (PRINT): Tony Marino	Signature: Tony Marino	Date/Time: 6/16/1037
1. Received/Relinquished by (PRINT):	Signature:	Date/Time:
2. Received/Relinquished by (PRINT): Lisa	Signature:	Date/Time: 6/6/17 10:37

Certified by U.S. Public Health Service, N.J. Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 and N.J.D.E.P. - Lab # 20044

CERT 4/15

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No EOC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6/6/17 10:37 21.8c

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706616041-45

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5552

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing DRINKING WATER 1ST DRAW

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		Fountain H304-DW-3FL	6/16	5:37	✓		Lead		P	250	
✓		SINK RM304-CS-3FL	6/16	5:39					P	250	
✓		SINK RM304-CS-3FL	6/16	5:42					P	250	
✓		Filling Station CS-BFS-3FL	6/16	5:45					P	250	
✓		SINK TRN-TLS-3FL	6/16	5:47					P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT): Tony Mucci		Signature: Tony Mucci	Date/Time: 6/6/17
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT): Lisa Lin		Signature:	Date/Time: 6-6-17 1037

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

w/o COC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6/6/17 1037 21.8c

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706160 46-48

SAMPLE REC'D BY:

- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, N.J. 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing DRINKING WATER 1st DRAW

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		FOUNTAIN H301-R-DW-3FL	6/16	5:50			LEAD		P	250	
✓		FOUNTAIN H301-L-DW-3FL	6/16	5:52			1		P	250	
X		TRIP BLANK	6/16	4:30			11		P	250	
X											

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT): Tony Marano		Signature: Tony Marano	Date/Time: 6/16/1037
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT): Lisa Lum		Signature:	Date/Time: 6-17-10 31

CB 3/4/13

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

NJ DC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6/16-17 1037 21-8z

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706160 49-53

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing - DRINKING WATER 2nd DRAW

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		SINK-WRL-WRLS-AFL	6/16	3:35	✓		Lead Testing		P	250	
✓		Filling Station WR-BFS-AFL	6/16	3:42	✓		↓		P	250	
✓		SINK-CC-BCS-AFL	6/16	3:46	✓				P	250	
✓		Cooler-HBC-WC-AFL	6/16	3:50	✓				P	250	
✓		SINK-TR-TRS-AFL	6/16	3:55	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):	Signature:	Date/Time:
Client/Client's Representative (PRINT): TONY MARINO	Signature: Tony Marino	Date/Time: 6/16
1. Received/Relinquished by (PRINT):	Signature:	Date/Time:
2. Received/Relinquished by (PRINT): Lisa Lee	Signature:	Date/Time: 6/16/17 1037

Garden State Laboratories, Inc.

410 Hillside Ave., Hillside, NJ 07205

Tel. 908-688-8900/800-273-8901 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Satellite Office Locations

North Jersey	South Jersey	West Jersey
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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

No COC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6/6/17 1037 21.8C

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # B706160 54-58

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing - DRINKING WATER 2ND DRAW

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		ICE Machine TR-TM-AFL	6/16	3:59	✓		Lead		P	250	
✓		Filling Station WR-BFS-AFL	6/16	4:02	✓				P	250	
✓		Cooler RA8-WC-AFL	6/16	4:05	✓				P	250	
✓		Filling Station SG-BFS-IFL	6/16	4:15	✓				P	250	
✓		SINK TRS-TL-IFL	6/16	4:18	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	Tony Marra	Signature:	Date/Time: 6/6
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	Lutrim	Signature:	Date/Time: 6/6/17 10:30

Certified by U.S. Public Health Service, N.J. Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 and N.J.D.E.P. - Lab # 20044

GB 8/4/15

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Tel. 908-688-8900/800-273-8901 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Satellite Office Locations

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6/7/17 1057 21.8

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706160 9-63

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing 2ND DRAW

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		Filling Station H112 BFS IFL	6/16	4:21	✓		Lead		P	250	
✓		Filling Station N6 BFS IFL	6/16	4:24	✓				P	250	
✓		SINK TRN TLS IFL	6/16	4:26	✓				P	250	
✓		Filling Station H101 BFS IFL	6/16	4:29	✓				P	250	
✓		SINK PO POS IFL	6/16	4:32	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):	Signature:	Date/Time:
Client/Client's Representative (PRINT): Tony Marrano	Signature:	Date/Time: 6/16
1. Received/Relinquished by (PRINT):	Signature:	Date/Time:
2. Received/Relinquished by (PRINT): LUL	Signature:	Date/Time: 6/6/17 10:37

GS 3/4/15

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Tel. 908-688-8900/800-273-8901 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Satellite Office Locations

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

WL 20C

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6/6/17 1037 21-52

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 37661664-68

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing - DRINKING WATER 2ND DRAW

SAMPLE LOCATION: BH2

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		SINK EH-EHS-2FL	6/16	4:39	✓		☐ List attached Total Pages ____ LEAD		P	250	
✓		Fountain HEH-DW-2FL	6/16	4:41	✓				P	250	
✓		SINK-TRS-TLS-2FL	6/16	4:44	✓				P	250	
✓		Fountain H213-DW-2FL	6/16	4:46	✓				P	250	
✓		SINK LO-LOS-2FL	6/16	4:48	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):	Signature:	Date/Time:
Client/Client's Representative (PRINT): Tony Marrano	Signature: Tony Marrano	Date/Time: 6/16
1. Received/Relinquished by (PRINT):	Signature:	Date/Time:
2. Received/Relinquished by (PRINT): Lisa Lin	Signature:	Date/Time: 6/16 17 1037

CB 3/4/15

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

WO 10C

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-16-17 1052 21c

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706160 69-73

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, N.J. 07002 Fax: 201-858-5576

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing - DRINKING WATER 2ND DRAW

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		Fountain H206-DW-2FL	6/16	4:51	✓		LEAD		P	250	
✓		SINK TRW-TLS-2FL	6/16	4:54	✓				P	250	
✓		Fountain H201-DW-2FL	6/16	4:57	✓				P	250	
✓		Fountain H314-DW-3FL	6/16	5:02	✓				P	250	
✓		SINK R314-1-EC-3FL	6/16	5:05	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	Tony AMARAnto	Signature:	Date/Time: 6/16
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	LCH	Signature:	Date/Time: 6/16/17 1052

CB 3/4/15

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

No COC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6/16/17 1037 21°C

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706160 74-78

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing - DRINKING WATER 2ND DRAW

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		SINK R314-2-EC 3FL	6/16	5:07	✓		☐ List attached Total Pages ____ Lead		P	250	
✓		SINK SS-SSS 3FL	6/16	5:09	✓				P	250	
✓		Filling Station CS-BF3 3FL	6/16	5:12	✓				P	250	
✓		SINK-TRS-TLS-3FL	6/16	5:14	✓				P	250	
✓		SINK-CK2-FPS-3FL	6/16	5:18					P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	Tony MARino	Signature: Tony Marino	Date/Time: 6/16
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	LISA Lenn	Signature: Lisa Lenn	Date/Time: 6/16/17 1037

Certified by U.S. Public Health Service, N.J. Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 and N.J.D.E.P. - Lab # 20044

CB 3/9/15

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

WO Rec

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6/6/17 1037 21.7c

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 316607-83

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5583

City/State/Zip: Bayonne, N.J. 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: LEAD Testing - DRINKING WATER 2nd DRAW

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		ICE Machine CK-IM-3FL	6/6	5:20	✓		LEAD		P	250	
✓		SINK CK2-FPS-3FL	6/6	5:23	✓				P	250	
✓		COFFEE Pot CK2-CM-3FL	6/6	5:27	✓				P	250	
✓		Fountain H3/2R-DW-3FL		5:32	✓				P	250	
✓		Fountain H3/2L-DW-3FL	6/6	5:34	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT): Tony Marrano		Signature: Tony Marrano	Date/Time: 6/6
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT): Lisa Lee		Signature:	Date/Time: 6/6/17 1032

Garden State Laboratories, Inc.

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

NO COC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-6-17 1037 21.8

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706160B4-88

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, N.J 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: Lead Testing - DRINKING WATER 2nd DRAW

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		Fountain H304-DW-3FL	6/16	5:38			LEAD		P	250	
✓		SINK RB304-CS-3FL	6/16	5:40					P	250	
✓		SINK R304-CS-3FL	6/16	5:43					P	250	
✓		Filling Station CS BFS 3FL	6/16	5:46					P	250	
✓		SINK JRN-TLS-3FL	6/16	5:48					P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT): Tony Marano		Signature: Tony Marano	Date/Time: 6/6
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):		Signature:	Date/Time: 6-6-17 1037

Certified by U.S. Public Health Service, N.J. Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 and N.J.D.E.P. - Lab # 20044

CR 3/4/15

Garden State Laboratories, Inc.

410 Hillside Ave., Hillside, NJ 07205

Tel. 908-688-8900/800-273-8901 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Satellite Office Locations

North Jersey	South Jersey	West Jersey
225 Sparta Ave. Sparta NJ 07871	515 Rt. 9, Barnegat, NJ 08805	2050 Rt. 31 N, Glen Gardner, NJ 08826
Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

ND COC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-16-17 1037 21.8

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706160894-90

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Michael Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: Lead Testing Drinking-WATER 2ND DRAW

SAMPLE LOCATION: RHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		Fountain H301-R-DW-3FL	6/16	5:51			Lead		P	250	
✓		Fountain H301-L-DW-3FL	6/16	5:53			"		P	250	
		FRP Blank	6/16	11:2			"		P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

ND FIELD BLANK

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	Tony Mwaura	Signature: Tony Mwa	Date/Time: 6/16
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	Lisa	Signature:	Date/Time: 6-16-17 10:37

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Satellite Office Locations

North Jersey	*South Jersey*	*West Jersey*
225 Sparta Ave, Sparta NJ 07871	*515 Rt. 9, Barnegat, NJ 08805*	*2050 Rt. 31 N, Glen Gardner, NJ 08826*
Tel. 973-729-1827	*Tel. 609-698-0199*	*Tel. 908-537-7414*

no COC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-22-17 9:37 21.4

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 370622017-21

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Mike Hubert

Mailing Address: 54 Joliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5874

SAMPLE INFORMATION

SAMPLE TYPE: Lead Testing DRINKING WATER DRAW 1

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*	
✓		Cooler HOP-WC-1FL	6-22-17	3:31	AM		Lead		P	250		2/3
✓		Cooler BMR-WC-1FL	6-22-17	3:35	✓				P	250		44
✓		SINK BMR-BRS-1FL	6-22-17	3:37	✓				P	250		45
✓		SINK PC-PCS-1FL	6-22-17	3:42	✓				P	250		1/4
✓		Cooler HSS-WC-1FL	6-22-17	3:45	✓				P	250		4/1

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):	Signature:	Date/Time:
Client/Client's Representative (PRINT): William Farrington	Signature:	Date/Time: 6-22-17
1. Received/Relinquished by (PRINT):	Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	Signature:	Date/Time: 6-22-17

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Tel. 973-729-1827	*Tel. 609-698-0199*	*Tel. 908-537-7414*

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6 22 17 9139 27.4

Page _____ of _____

GSL CLIENT # BAYN

MICRO #

CHEM. # 3706220 22 -26

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Mike Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: Lead Drinking Water DRAW 1

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages _____	CONTAINER INFORMATION No.	Type*	Size	Pres.*	
✓		Cooler SSO-WC-1FL	6-22-17	3:48	V		Lead		P	250		48
✓		Cooler HOA-WC-1FL	6-22-17	3:50	V				P	250		49
✓		Fountain H230-DW-2FL	6-22-17	3:56	V				P	250		50
✓		SINK TR.TLS-2FL	6-22-17	4:00	V				P	250		51
✓		SINK NO-NOS-2FL	6-22-17	4:03	V				P	250		52

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	William Faccenzo	Signature:	Date/Time: 6-22-17
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	Lisa M	Signature:	Date/Time: 6-22-17 9:32

CB 3/4/15

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

NO GOL

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-22-17 9:39 71.4

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706220027-31

SAMPLE REC'D BY:

- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Mike Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: Drinking Water DRAWER 1

SAMPLE LOCATION: BNS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		SINK TRR-TLS-3FL	6-22-17	9:09	✓		Lead		P	250	
✓		SINK TRL-TLS-3FL	6-22-17	9:11	✓				P	250	
✓		SINK DR-DRS-1FL	6-22-17	9:18	✓				P	250	
✓		SINK CR-CRS-GF	6-22-17	9:23	✓				P	250	
✓		Filling Station HSC-BES-1FL	6-22-17	9:26	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	William Fanning Jr	Signature:	Date/Time: 6-22-17
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	UPS	Signature:	Date/Time: 6/22/17 9:38

Certified by U.S. Public Health Service, N.J. Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 and N.J.D.E.P. - Lab # 20044

CB 3/4/15

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

No EDC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-22-17 935 21.4

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706220332-36

SAMPLE REC'D BY:

- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Mike Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: DRINKING WATER DRAW 1

SAMPLE LOCATION: BNS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*	
✓		SINK SC-SCS-1FL	6-22-17	4:29	✓		Lead		P	250		56
✓		SINK CS-CSS-1FL	6-22-17	4:34	✓				P	250		59
✓		Cooler H136-WC-1FL	6-22-17	4:37	✓				P	250		60
✓		Cooler H247-WC-2FL	6-22-17	4:41	✓				P	250		61
✓		SINK SC-SCS-3FL	6-22-17	4:47	✓				P	250		62

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):	Signature:	Date/Time:
Client/Client's Representative (PRINT): William Fascingtin	Signature: William Fascingtin	Date/Time: 6-22-17
1. Received/Relinquished by (PRINT):	Signature:	Date/Time:
2. Received/Relinquished by (PRINT): UPS	Signature:	Date/Time: 6-22-17 935

CB 3/4/15

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

FOR SAMPLE RECEIVING USE ONLY

no coc

DATE/TIME/TEMP. REC'D AT LAB: 62217 9:39 4-4

Page ____ of ____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706220 37-41

SAMPLE REC'D BY:

- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: BAYONNE BOARD OF EDUCATION Contact/Authorized by: Mike Rubert

Mailing Address: 54 Juliette St. Phone: 201-858-5582

City/State/Zip: BAYONNE, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: DRINKING WATER Drew 1

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*	
✓		SINK FR-TLS-3FL	6-22-17	4:55	✓		Lead		P	250		63
✓		Cooler H358-WC-3FL	6-22-17	4:57	✓				P	250		64
✓		Cooler H350-WC-3FL	6-22-17	5:00	✓				P	250		65
✓		Filling Station HG5-BFS-GF	6-22-17	5:10	✓				P	250		66
✓		Fountain HG9-DW-GF	6-22-17	5:13	✓				P	250		67

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: ____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: ____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	William Fasanizzo	Signature:	Date/Time: 6-22-17
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	Lisa Lee	Signature:	Date/Time: 6 22 17 935

CB 3/4/15

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Tel. 973-729-1827	*Tel. 609-698-0199*	*Tel. 908-537-7414*

no ice

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-22-17 938 21.4

Page ____ of ____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706220 42-47

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Mike Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: BAYONNE, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: DRINKING WATER DRW 1

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*	
✓		SINK HG9-HS-GF	6-22-17	5:16	V		Lead		P	250		68
✓		SINK NO-NS-IFL	6-22-17	5:20	V				P	250		69
✓		SINK R134-CS-IFL	6-22-17	5:23	V				P	250		70
✓		FOUNTAIN H125R-DW-IFL	6-22-17	5:27	V				P	250		71
✓		FOUNTAIN H129L-DW-IFL	6-22-17	5:29	V				P	250		72

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: ____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: ____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

FIELD BLANK - 6-22-17 3:30pm

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):	Signature:	Date/Time:
Client/Client's Representative (PRINT): William Fassiya	Signature:	Date/Time: 6-22-17
1. Received/Relinquished by (PRINT):	Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	Signature:	Date/Time: 6-22-17 939

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Satellite Office Locations

North Jersey	South Jersey	West Jersey
225 Sparta Ave, Sparta NJ 07871	515 Rt. 9, Barnegat, NJ 08805	2050 Rt. 31 N, Glen Gardner, NJ 08826
Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

NL Doc

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-22-17 9:39 21.4

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706220548-52

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Mike Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: Lead Testing DRINKING WATER DRAW 2

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*	
✓		Cooler HOP-WC-1FL	6-22-17	3:33			Lead		P	250		46
✓		Cooler BMR-WC-1FL	6-22-17	3:36					P	250		45
✓		SINK BMR-BRS-1FL	6-22-17	3:39					P	250		44
✓		SINK PC-PCS-1FL	6-22-17	3:43					P	250		
✓		Cooler HSS-WC-1FL	6-22-17	3:47					P	250		47

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	William Farrington	Signature:	Date/Time: 6-22-17
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	LISA	Signature:	Date/Time: 6 22 17 939

CB 3/4/15

Garden State Laboratories, Inc.

410 Hillside Ave., Hillside, NJ 07205

Tel. 908-688-8900/800-273-8901 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Satellite Office Locations

North Jersey	South Jersey	West Jersey
225 Sparta Ave, Sparta NJ 07871	515 Rt. 9, Barnegat, NJ 08805	2050 Rt. 31 N, Glen Gardner, NJ 08826
Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-22-17 939 21.4

Page ____ of ____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706220 53-57

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: BAYONNE BOARD OF Education Contact/Authorized by: Mike Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5896

SAMPLE INFORMATION

SAMPLE TYPE: DRINKING WATER DRAW 2

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*	
✓		Cooler 550-WC-1FL	6-22-17	3:49	✓		Lead		P	250		48
✓		Cooler H0A-WC-1FL	6-22-17	3:52	✓				P	250		49
✓		Fountain H230-DW-2FL	6-22-17	3:57	✓				P	250		50
✓		SINK TR-TLS-2FL	6-22-17	4:01	✓				P	250		51
✓		SINK NO NOS-2FL	6-22-17	4:04	✓				P	250		52

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: ____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: ____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT): William Farrington		Signature:	Date/Time: 6-22-17
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):		Signature:	Date/Time: 6-22-17 939

CB 3/4/15

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Tel. 908-688-8900/800-273-8901 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Satellite Office Locations

North Jersey	South Jersey	West Jersey
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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-22-17 9:39 2.4

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706220558-62

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Mike Robert

Mailing Address: 54 Juliette St Phone: 201-858-5582

City/State/Zip: Bayonne NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: DRINKING WATER DRAW 2

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages _____	CONTAINER INFORMATION No.	Type*	Size	Pres.*	
✓		SINK TRR-TLS-3FL	6-22-17	4:10	✓		Lead		P	250		53
✓		SINK TRL TLS-3FL	6-22-17	4:13	✓				P	250		54
✓		SINK DR-DRS-1FL	6-22-17	4:19	✓				P	250		55
✓		SINK CR-CRS-GF	6-22-17	4:24	✓				P	250		56
✓		Filling Station NSC-BFS 1FL	6-22-17	4:27	✓				P	250		57

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	William Fanelli	Signature:	Date/Time: 6-22-17
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	USA	Signature:	Date/Time: 6-22-17 939

GB 3/4/15

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Tel. 973-729-1827	Tel. 609-698-0199	Tel. 908-537-7414

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6/22/17 939 21.4

Page ____ of ____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706220663-67

SAMPLE REC'D BY:
- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Bayonne Board of Education Contact/Authorized by: Mike Kubert

Mailing Address: 54 Juliette St. Phone: 201-858-5582

City/State/Zip: Bayonne NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: DRINKING WATER Demo 2

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*
✓		SINK SE-SCS-1FL	6-22-17	4:31	✓		Lead		P	250	
✓		SINK CS-CSS-1FL	6-22-17	4:35	✓				P	250	
✓		Cooler H136-WC-1FL	6-22-17	4:38	✓				P	250	
✓		Cooler H247-WC-2FL	6-22-17	4:43	✓				P	250	
✓		SINK SC-SCS-3FL	6-22-17	4:49	✓				P	250	

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: ____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: ____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):		Signature:	Date/Time:
Client/Client's Representative (PRINT):	William Fanning Jr	Signature:	Date/Time: 6-22-17
1. Received/Relinquished by (PRINT):		Signature:	Date/Time:
2. Received/Relinquished by (PRINT):	Lyst un	Signature:	Date/Time: 6/22/17 9:39

Certified by U.S. Public Health Service, N.J. Dept. of Health, N.Y. State Dept. of Health - Lab # 11550 and N.J.D.E.P. - Lab # 20044

CB 3/4/15

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Tel. 908-688-8900/800-273-8901 Fax 908-688-8966 www.gslabs.com info@gslabs.com

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Tel. 973-729-1827	*Tel. 609-698-0199*	*Tel. 908-537-7414*

no ice

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-22-17 9:39 21.4

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 37062.2068-72

SAMPLE REC'D BY:

- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: BAYONNE Board of Education Contact/Authorized by: Mike Kubert

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: BAYONNE NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: DRINKING WATER Draw 2

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages _____	CONTAINER INFORMATION No.	Type*	Size	Pres.*	
✓		Sink FR-TLS-3FL	6-22-17	4:56	✓		Lead		P	250		63
✓		Cooler H358-WC-3FL	6-22-17	4:59	✓				P	250		64
✓		Cooler H350-WC-3FL	6-22-17	5:02	✓				P	250		65
✓		Filling Station HGS-BFS-GF	6-22-17	5:11	✓				P	250		66
✓		Fountain HG9-DW-GF	6-22-17	5:14	✓				P	250		67

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (If RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):	Signature:	Date/Time:
Client/Client's Representative (PRINT): William Farrington	Signature:	Date/Time: 6-22-17
1. Received/Relinquished by (PRINT):	Signature:	Date/Time:
2. Received/Relinquished by (PRINT): UPS	Signature:	Date/Time: 6-22-17 9:39

CB 3/4/15

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Tel. 908-688-8900/800-273-8901 Fax 908-688-8966 www.gslabs.com info@gslabs.com

Satellite Office Locations

North Jersey	*South Jersey*	*West Jersey*
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Tel. 973-729-1827	*Tel. 609-698-0199*	*Tel. 908-537-7414*

NO COC

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB: 6-22-17 939 26.4

Page _____ of _____

GSL CLIENT # BAY17

MICRO #

CHEM. # 3706220773-77

SAMPLE REC'D BY:

- ☐ GSL FIELD SAMPLER/PICK-UP
- ☐ PICK-UP AT DROP OFF LOCATION
- ☐ DELIVERED BY CLIENT

IMPORTANT: PRINTED NAMES & SIGNATURES ARE REQUIRED

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: BAYONNE BOARD OF EDUCATION Contact/Authorized by: MIKE KNOFT

Mailing Address: 54 Juliette Street Phone: 201-858-5582

City/State/Zip: Bayonne, NJ 07002 Fax: 201-858-5876

SAMPLE INFORMATION

SAMPLE TYPE: DRINKING WATER DRAW 2

SAMPLE LOCATION: BHS

Grab	Comp	SAMPLE ID	SAMPLE COLLECTION Date	Time	AM	PM	ANALYSIS REQUIRED (Print Legibly) ☐ List attached Total Pages ____	CONTAINER INFORMATION No.	Type*	Size	Pres.*	
✓		SINK H69-HSGF	6-22-17	5:17	✓		Lead		P	250		66
✓		SINK NO-NS IFL	6-22-17	5:21	✓				P	250		69
✓		SINK R134-CS IFL	6-22-17	5:24	✓				P	250		70
✓		Fountain H129R-DW-IFL	6-22-17	5:28	✓				P	250		71
✓		Fountain H129L-DW-IFL	6-22-17	5:30	✓				P	250		72

⇨ *Container Type: P = Plastic G = Glass A = Amber Glass T = Sterile Thio V = Vial Other/Specify: _____

⇨ *Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify: _____

☐ SUBCONTRACTED WORK

TURNAROUND TIME: ☐ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☐ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO:

DATE/TIME:

METHOD OF SHIPMENT:

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: $ ☐ Composite Fee: $ ☐ Rush Fee: $ Amount Due: $

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION
PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):	Signature:	Date/Time:
Client/Client's Representative (PRINT): William Fazzingo	Signature: William J Fazzingo	Date/Time: 6-22-17
1. Received/Relinquished by (PRINT):	Signature:	Date/Time:
2. Received/Relinquished by (PRINT): UPS	Signature:	Date/Time: 6227925

CB 3/9/15

Attachment E – Flushing Log

(Complete for each school as applicable)

Name of School: Bayonne High School

Address: 667 - 669 Avenue A, Bayonne, NJ 07002

Grade Levels: 9-12

Individual School Project Officer Signature: [signature] Date: 7-12-17

Sample Location Description	Sample Location Code	Date	Time	Duration of Flushing	Reason for Flushing
Principals Office Sink 1st floor Main	PO-POS-1FL	7/12/2017	16:00	8 minutes	School closed for summer
Student Center 3rd Floor Annex	SC-SCS-3FL	7/12/2017	16:20	8 minutes	School closed for summer
Senior Café 1st Floor Annex	SC-SCS-1FL	7/12/2017	16:30	8 minutes	School closed for summer

Attachment F - Pre – Sampling Water Use Certification

(Complete for each school)

TO BE COMPLETED BY THE <<Bayonne Board of Ed>> DISTRICT REPRESENTATIVE:

School Name: Bayonne High School

Sample collection address: 667 Avenue A – Main Building

Water was last used: Time: 18:00 Date: 6/15/2017

Sample commencement: Time: 03:30 Date: 6/16/2017

I have read the Bayonne Board or Education Lead Drinking Water Testing Sampling Plan and Quality Assurance Project Plan and I am certifying that samples were collected in accordance with these plans.

Michael Gubitosi 6-15-2017

Signature Date

Attachment F - Pre – Sampling Water Use Certification

(Complete for each school)

TO BE COMPLETED BY THE <<Bayonne Board of Ed>> DISTRICT REPRESENTATIVE:			
School Name: Bayonne High School			
Sample collection address:	669 Avenue A – Annex		
Water was last used:	Time: 18:00	Date:	6/21/2017
Sample commencement:	Time: 03:30	Date:	6/22/2017

I have read the Bayonne Board or Education Lead Drinking Water Testing Sampling Plan and Quality Assurance Project Plan and I am certifying that samples were collected in accordance with these plans.

Michael Hubert — Signature

6-21-2017 — Date

Attachment D - Filter Inventory

(Complete for each school as applicable)

Name of School: Bayonne High School Grade Levels: 9-12

Address: 669 Avenue A, Bayonne, NJ 07002

Individual School Project Officer Signature: Scott Klan Date: 6-01-17

Sample Location / Code	Brand	Type (Make & Model)	Date Installed or Replaced	Replacement Frequency	NSF Certified for Lead Reduction Y/N
BHS 1935 AFL Weight Room Bottle Filling Station	Elkay	51300C	04-03-2017	3000 gal	Y
BHS 1935 AFL Hallway outside Beauty Culture Water Cooler	Aqua Pure	AP217	Replaced 03-08-2017	2000 gal – 6 months	N
BHS 1935 AFL Training Room Ice Machine	Systems IV	TFH410	05-22-2017	8000 gal – 6 months	Y
BHS 1935 AFL Wellness Room Bottle Filling Station	Elkay	51300C	04-04-2017	2000 gal	Y
BHS 1935 1FL Hallway Outside Room 101 Bottle Filling Station	Elkay	51300C	04-05-2017	3000 gal	Y
BHS 1935 1FL North Gym Bottle Filling	Elkay	51300C	04-06-2017	3000 gal	Y

Station					
BHS 1935 1FL Hallway Outside Room 112 Bottle Filling Station	Elkay	51300C	04-07-2017	3000 gal	Y
BHS 1935 1FL South Gym Filling Station	Elkay	51300C	04-10-2017	3000gal	Y
BHS 1935 3FL North Cafeteria Bottle Filling Station	Elkay	51300C	04-11-2017	3000 gal	Y
BHS 1935 3FL Cafeteria Kitchen Food Prep Sink 1	Aqua Pure	3MFF100	05-23-2017	6000 gal or 12 months	Y
BHS 1935 3 FL Cafeteria Kitchen Food Prep Sink 2	Aqua Pure	3MFF100	05-03-2017	6000 gal or 12 months	Y
BHS 1935 3 FL South Cafeteria bottle Filling Station	Elkay	51300C	04-12-2017	3000 gal	Y
BHS 1935 3FL Cafeteria Kitchen Ice Machine	System IV	TFH410	05-26-2017	8000 gal 6 months	Y
Annex 1923 1FL Hallway Outside Payroll Water Cooler	Elkay	3MFF100	04-26-2017	6000 gal 12 months	Y
Annex 1923 1 FL Board Meeting Room Kitchen Water Cooler	Aqua Pure	AP217	Replaced 03-08-2017	2000 gal 6 months	N
Annex 1923 1 FL Processing Center Sink	Ametek	G478	Replaced 03-08-2017	3 month	N
Annex 1923 1FL Hallway Outside Special Services Water Cooler	Aqua Pure	AP217	03-08-2017	3 month	N
Annex 1923 1 FL Special Services Water Cooler	Ametek	G478	03-08-2017	3 month	N
Annex 1923 1 FL Hallway Outside Student Center	Elkay	51300C	04-13-2017	3000 gal	Y

Bottle Filling Station					
Annex 1923 1 FL Student Center Sink	Brita				N
Annex 1923 3 FL Senior Cafeteria Sink	Aqua Pure	3MFF100	05-30-2017	6000 gal or 12 months	Y
New Wing 1983 GF Hallway Outside G5 Bottle Filling Station	Elkay	51300C	04-14-2017	3000 gal	Y
New Wing 1983 Outside Welding Shop water cooler	Elkay	3MFF101	04-16-17	6000 gal or 12 months	Y
Annex 1923 By Girls Lavatory 1st FL water cooler	Aqua/Pure	AP217	04-10-18	2000 gal or 6 months	N
BHS 1935 Ice Room Basement water cooler	Aqua/Pure	AP217	04-10-18	2000 gal or 6 months	N
Ice Rink 1985 Lobby bottle filling station	Elkay	51300C	04-13-17	3000 gal	Y
Ice Rink 1985 By Locker Room bottle filling station	Aqua/Pure	AP217	11-16-17	2000 gal our 6 months	N

Attachment D - Filter Inventory

(Complete for each school as applicable)

Name of School: Bayonne High School Grade Levels: _____

Address: 669 Avenue A, Bayonne, NJ 07002

Individual School Project Officer Signature: Scott Allan Date: _____

Sample Location / Code	Brand	Type (Make & Model)	Date Installed or Replaced	Replacement Frequency	NSF Certified for Lead Reduction Y/N
BHS 1935 AFL Weight Room Bottle Filling Station	Elkay	51300C	04-10-18	3000 gal	Y
BHS 1935 AFL Hallway outside Beauty Culture Water Cooler	Aqua Pure	AP217	10-9-17 04-10-18	2000 gal – 6 months	N
BHS 1935 AFL Training Room Ice Machine	Systems IV	TFH410	10-19-17 01-10-18 04-10-18	8000 gal – 6 months	Y
BHS 1935 AFL Wellness Room Bottle Filling Station	Elkay	51300C	04-10-18	2000 gal	Y
BHS 1935 1FL Hallway Outside Room 101 Bottle Filling Station	Elkay	51300C	04-11-18	3000 gal	Y
BHS 1935 1FL North Gym Bottle Filling	Elkay	51300C	04-11-18	3000 gal	Y

Station					
BHS 1935 1FL Hallway Outside Room 112 Bottle Filling Station	Elkay	51300C	04-11-18	3000 gal	Y
BHS 1935 1FL South Gym Filling Station	Elkay	51300C	04-11-18	3000gal	Y
BHS 1935 3FL North Cafeteria Bottle Filling Station	Elkay	51300C	04-11-18	3000 gal	Y
BHS 1935 3FL Cafeteria Kitchen Food Prep Sink 1	Aqua Pure	3MFF100	04-11-18	6000 gal or 12 months	Y
BHS 1935 3 FL Cafeteria Kitchen Food Prep Sink 2	Aqua Pure	3MFF100	04-11-18	6000 gal or 12 months	Y
BHS 1935 3 FL South Cafeteria bottle Filling Station	Elkay	51300C	04-11-18	3000 gal	Y
BHS 1935 3FL Cafeteria Kitchen Ice Machine	System IV	TFH410	11-14-17 04-11-18	8000 gal 6 months	Y
Annex 1923 1FL Hallway Outside Payroll Water Cooler	Elkay	3MFF100	04-10-18	6000 gal 12 months	Y
Annex 1923 1 FL Board Meeting Room Kitchen Water Cooler	Aqua Pure	AP217	07-25-17 12-04-17 04-10-18	2000 gal 6 months	N
Annex 1923 1 FL Processing Center Sink	Ametek	G478	06-13-17 09-11-17 12-27-17 04-11-18	3 month	N
Annex 1923 1FL Hallway Outside Special Services Water Cooler	Aqua Pure	AP217	09-30-17 04-10-18	3 month	N
Annex 1923 1 FL Special Services Water Cooler	Ametek	G478	06-15-17 09-11-17 12-27-17 04-11-18	3 month	N
Annex 1923 1 FL Hallway Outside Student Center	Elkay	51300C	04-10-18	3000 gal	Y

Bottle Filling Station					
Annex 1923 1 FL Student Center Sink	Brita				N
Annex 1923 3 FL Senior Cafeteria Sink	Aqua Pure	3MFF100	05-30-2017 04-16-18	6000 gal or 12 months	Y
New Wing 1983 GF Hallway Outside G5 Bottle Filling Station	Elkay	51300C	04-14-2017 04-10-18	3000 gal	Y
New Wing 1983 Outside Welding Shop water cooler	Elkay	3MFF101	04-16-17 04-10-18	6000 gal or 12 months	Y
Annex 1923 By Girls Lavatory 1st FL water cooler	Aqua/Pur e	AP217	04-10-18	2000 gal or 6 months	N
BHS 1935 Ice Room Basement water cooler	Aqua/Pur e	AP217	04-10-18	2000 gal or 6 months	N
Ice Rink 1985 Lobby bottle filling station	Elkay	51300C	04-13-17 04-17-18	3000 gal	Y
Ice Rink 1985 By Locker Room bottle filling station	Aqua/Pur e	AP217	11-16-16 04-12-17 10-18-17 04-17-18	2000 gal our 6 months	N

Attachment D - Filter Inventory

(Complete for each school as applicable)

Name of School: Bayonne High School Grade Levels: _____

Address: 669 Avenue A, Bayonne, NJ 07002

Individual School Project Officer Signature: _____ Date: _____

Sample Location / Code	Brand	Type (Make & Model)	Date Installed or Replaced	Replacement Frequency	NSF Certified for Lead Reduction Y/N
BHS 1935 AFL Weight Room Bottle Filling Station	Elkay	51300C		3000 gal	Y
BHS 1935 AFL Hallway outside Beauty Culture Water Cooler	Aqua Pure	AP217		2000 gal – 6 months	N
BHS 1935 AFL Training Room Ice Machine	Systems IV	TFH410		8000 gal – 6 months	Y
BHS 1935 AFL Wellness Room Bottle Filling Station	Elkay	51300C		2000 gal	Y
BHS 1935 1FL Hallway Outside Room 101 Bottle Filling Station	Elkay	51300C		3000 gal	Y
BHS 1935 1FL North Gym Bottle Filling	Elkay	51300C		3000 gal	Y

Station					
BHS 1935 1FL Hallway Outside Room 112 Bottle Filling Station	Elkay	51300C		3000 gal	Y
BHS 1935 1FL South Gym Filling Station	Elkay	51300C		3000gal	Y
BHS 1935 3FL North Cafeteria Bottle Filling Station	Elkay	51300C		3000 gal	Y
BHS 1935 3FL Cafeteria Kitchen Food Prep Sink 1	Aqua Pure	3MFF100		6000 gal or 12 months	Y
BHS 1935 3 FL Cafeteria Kitchen Food Prep Sink 2	Aqua Pure	3MFF100		6000 gal or 12 months	Y
BHS 1935 3 FL South Cafeteria bottle Filling Station	Elkay	51300C		3000 gal	Y
BHS 1935 3FL Cafeteria Kitchen Ice Machine	System IV	TFH410		8000 gal 6 months	Y
Annex 1923 1FL Hallway Outside Payroll Water Cooler	Elkay	3MFF100		6000 gal 12 months	Y
Annex 1923 1 FL Board Meeting Room Kitchen Water Cooler	Aqua Pure	AP217		2000 gal 6 months	N
Annex 1923 1 FL Processing Center Sink	Ametek	G478		3 month	N
Annex 1923 1FL Hallway Outside Special Services Water Cooler	Aqua Pure	AP217		3 month	N
Annex 1923 1 FL Special Services Water Cooler	Ametek	G478		3 month	N
Annex 1923 1 FL Hallway Outside Student Center	Elkay	51300C		3000 gal	Y

Bottle Filling Station					
Annex 1923 1 FL Student Center Sink	Brita				N
Annex 1923 3 FL Senior Cafeteria Sink	Aqua Pure	3MFF100		6000 gal or 12 months	Y
New Wing 1983 GF Hallway Outside G5 Bottle Filling Station	Elkay	51300C		3000 gal	Y
New Wing 1983 Outside Welding Shop water cooler	Elkay	3MFF101		6000 gal or 12 months	Y
Annex 1923 By Girls Lavatory 1st FL water cooler	Aqua/Pur e	AP217		2000 gal or 6 months	N
BHS 1935 Ice Room Basement water cooler	Aqua/Pur e	AP217		2000 gal or 6 months	N
Ice Rink 1985 Lobby bottle filling station	Elkay	51300C		3000 gal	Y
Ice Rink 1985 By Locker Room bottle filling station	Aqua/Pur e	AP217		2000 gal our 6 months	N

Attachment C - Drinking Water Outlet Inventory

(Complete for each school)

Name of School: Bayonne High School Address: 669 Avenue A, Bayonne, NJ 07002

Grade Levels: 9-12 Year School Constructed: 1923 Renovated/Additions: 1935 & 1983

Individual school project officer Name/Signature: Matt Nolan Date Completed: 6-01-17

#[2]	Type	Location	Code	Operational[3] (Y/N)	Signs of Corrosion[4] (Y/N)	Filter[5] (Y/N)	Brass Fittings, Faucets or valves? (Y/N)	Aerator/ Screen (Y/N)	Motion Activated (Y/N)	Chiller (Y/N)	Water Cooler		Comments
											Make	Model	
1	Sink	Wrestling Room	BHS 1935 WRL-WRLS-AFL	Y	N	N	Y	Y	N	N			
2	Bottle filling station	Weight room	BHS 1935 WR-BFS-AFL	Y	N	Y	Y	N	N	N	Elkay	LZWSR-1C	
3	Sink	Beauty Culture	BHS 1935 6C-BCS-AFL	Y	N	N	Y	Y	N	N			
4	Water Cooler	Hallway outside Beauty Culture	BHS 1935 HBC-WC-AFL	Y	N	Y	Y	N	N	Y	Elkay	ESEFAE-1L	

[2] Number outlets starting at the closest outlet to the Point of Entry (POE).
[3] Document if permanently or temporarily out of service on the Attachment B- Plumbing Profile.
[4] Signs of corrosion detected, such as but not limited to frequent leaks, rust-colored water, or stained fixtures, dishes, or laundry.
[5] Document on Attachment D- Filter Inventory.

4	Cooler	Outside Room 353	H353-WC-3FL										
65	Water Cooler	Hallway Outside 350	Annex 1923 H350-WC-3FL	Y	N	N	Y	N	N	Y	Elkay	EFA8LP10	
66	Bottle Filling Station	Hallway Outside Room G5	New Wing 1983 HG5-BFS-GF	Y	N	Y	Y	N	N	Y	Elkay	LZWSR-1C	
67	Drinking Fountain	Hallway Outside Room G9	New Wing 1983 HG9-DW-GF	Y	N	N	Y	N	N	N			
68	Sink	Hallway Outside Room G9	New Wing 1983 HG9-HS-GF	Y	N	N	Y	Y	N	N	Elkay	EDFP2100	
69	Sink	Nurses Office	New Wing 1983 NO-NS-1FL	Y	N	N	Y	Y	N	N			
70	Sink	Room 134	New Wing 1983 R134-CS-1FL	Y	N	N	Y	Y	N				
71	Drinking Fountain	Hallway Outside Room 129 – Right	New Wing 1983 H129R-DW-1FL	Y	N	N	Y	N	N	N	Elkay	EDFP2100	
72	Drinking Fountain	Hallway Outside Room 129-Left	New Wing 1983 H129L-DW-1FL	Y	N	N	Y	N	N	N	Elkay	EDFP2100	

		336 Left											
55	Sink	Dance Room in back of auditorium	Annex 1923 DR-DRS-1FL	Y	N	N	Y	Y	N	N			
56	Sink	Custodial Room	Annex 1923 CR-CRS-GF	Y	N	N	Y	Y	N	N			
57	Bottle Filling Station	Hallway Outside Student Center	Annex 1923 HSC-BFS-1FL	Y	N	Y	Y	N	N	N	Elkay	LZWSR-1C	
58	Sink	Student Center	Annex 1923 SC-SCS-1FL	Y	N	Y	Y	N	N	N			
59	Sink	Child Study Ofice	Annex 1923 CS-CSS-1FL	Y	N	N	Y	Y	N	N			
60	Water Cooler	Hallway Outside room 136	Annex 1923 H136-WC-1FL	Y	N	N	Y	N	N	Y	Elkay	EFA8L12	
61	Water Cooler	Hallway Outside Room 247	Annex 1923 H247-WC-2FL	Y	N	N	Y	N	N	Y	Elkay	EFA8-1L	
62	Sink	Senior Café	Annex 1923 SC-SCS-3FL	Y	N	Y	Y	Y	N	N			
63	Sink	Faculty Room across from H-5 Office	Annex 1923 FR-TLS-3FL	Y	N	N	Y	Y	N	N			
6	Water	Hallway	Annex 1923	Y	N	N	Y	N	N	Y	Elkay	EFA8-1L	

		Room	1FL										
46	Sink	Processing Center	Annex 1923 PC-PCS-1FL	Y	N	Y	Y	Y	N	N			
47	Water Cooler	Hallway Outside Special Services	Annex 1923 HSS-WC-1FL	Y	N	Y	Y	N	N	Y	Elkay	EFASIL	
48	Water Cooler	Special Services Office	Annex 1923 SSO-WC-1FL	Y	N	Y	Y	N	N	Y	Elkay	EFA8-1C	
49	Water Cooler	Hallway Outside Auditorium	Annex 1923 HOA-WC-1FL	Y	N	N	Y	N	N	Y	Elkay	EFA8-1C	
50	Drinking Fountain	Hallway Outside Room 230	Annex 1923 H230-DW-2FL	Y	N	N	Y	N	N	N	Elkay	EFA8-1C	
51	Sink	Teachers Room Across from 236	Annex 1923 TR-TLS-2FL	Y	N	N	Y	Y	N	N			
52	Sink	Nurses Office	Annex 1923 NO-NOS-2FL	Y	N	N	Y	Y	N	N			
53	Sink	Teachers Room Across from 336 Right	Annex 1923 TRR-TLS-3FL	Y	N	N	Y	Y	N	N			
54	Sink	Teachers Room Across from	Annex 1923 TRL-TLS-3FL	Y	N	N	Y	Y	N	N			

36	Drinking Fountain	Hallway Outside Room 304	BHS 1935 H304-DW-3FL	Y	N	N	Y	N	N	N	Elkay	EDFP210C	
37	Sink	Room in back of Room 304	BHS 1935 RB304-CS-3FL	Y	N	N	Y	Y	N	N			
38	Sink	Room 304	BHS 1935 R304-CS-3FL	Y	N	N	Y	Y	N	N			
39	Bottle Filling Station	Cafeteria North	BHS 1935 CS-BFS-3FL	Y	N	Y	Y	N	N	N	Elkay	LZWSR-1C	
40	Sink	Teachers Room North	BHS 1935 TRN-TLS-3FL	Y	N	N	Y	Y	N	N			
41	Drinking Fountain	Hallway Outside Room 301 Right	BHS 1935 H301-R-DW-3FL	Y	N	N	Y	N	N	N	Elkay	EDFP2100	
42	Drinking Fountain	Hallway Outside Room 301 Left	BHS 1935 H301-L-DW-3FL	Y	N	N	Y	N	N	N	Elkay	EDFP2100	
43	Water Cooler	Hallway Outside Payroll	Annex 1923 HOP-WC-1FL	Y	N	y	Y	N	N	Y	Elkay	EFASIL	
44	Water Cooler	Board Meeting Room	Annex 1923 BMR-WC-1FL	Y	N	Y	Y	N	N	Y	Elkay	EFASIL	
45	Sink	Board Meeting	Annex 1923 BMR-BRS-	Y	N	N	Y	Y	N	N			

			3FL										
26	Sink	Home Ec Room 314	BHS 1935 R314-2-EC-3FL	Y	N	N	Y	Y	N	N			
27	Sink	School Store	BHS 1935 SS-SSS-3FL	Y	N	N	Y	Y	N	N			
28	Bottle Filling Station	Cafeteria South	BHS 1935 CS-BFS-3FL	Y	N	Y	Y	N	N	N	Elkay	LZWSR-1C	
29	Sink	Teachers Room South	BHS 1935 TRS-TLS-3fl	Y	N	N	Y	Y	N	N	N		
30	Sink	Cafeteria Kitchen	BHS 1935 CK2-FPS-3FL	Y	N	Y	Y	Y	N	N			
31	Ice Machine	Cafeteria Kitchen	BHS 1935 CK-IM-3FL	Y	N	Y	Y	N	N	Y			
32	Sink	Cafeteria Kitchen	BHS 1935 CK2-FPS-3FL	Y	N	Y	Y	Y	N	N			
33	Coffee Machine	Cafeteria Teachers Serving Line	BHS-CTSL-CM-3FL	Y	N	N	Y	N	N	N			
34	Drinking Fountain	Hallway Outside Room 312 Right	BHS 1935 H312R-DW-3FL	Y	N	N	Y	N	N	N	Elkay	EDFP2100	
35	Drinking Fountain	Hallway Outside Room 312	BHS 1935 H312l-DW-3FL	Y	N	N	Y	N	N	N	Elkay	EDFP2100	

			1FL										
16	Sink	Employee Health	BHS 1935 EH-EHS-2FL	Y	N	N	y	Y	N	N			
17	Drinking Fountain	Hallway Outside Employee Health	BHS 1935 HEH-DW-2FL	Y	N	N	Y	N	N	N	Elkay	EDFP210CD	
18	Sink	Teacher Room South	BHS 1935 TRS-TLS-2FL	Y	N	N	Y	Y	N	N			
19	Drinking Fountain	Hallway Outside Room 213	BHS 1935 H213-DW-2FL	Y	N	N	Y	N	N	N	Elkay	EDFP210C	
20	Sink	Library Office	BHS 1935 LO-LOS-2FL	Y	N	N	Y	Y	N	N			
21	Drinking Fountain	Hallway outside Room 206	BHS 1935 H206-DW-2FL	Y	N	N	Y	N	N	N	Oasis		
22	Sink	Teachers Room North	BHS 1935 TRN-TLS-2FL	Y	N	N	Y	Y	N	N			
23	Drinking Fountain	Hallway Outside Room 201	BHS 1935 H201-DW-2FL	Y	N	N	Y	N	N	N	Elkay	EDFP210C	
24	Drinking Fountain	Hallway Outside Room 314	BHS 1935 H314-DW-3FL	Y	N	N	Y	N	N	N	Elkay	EDFP210C	
25	Sink	Home Ec Room 314	BHS 1935 R314-1-EC-	Y	N	N	Y	Y	N	N			

5	Sink	Training Room	BHS 1935 TR-TRS-AFL	Y	N	N	Y	Y	N	N			
6	Ice Machine	Training Room	BHS 1935 TR-IM-AFL	Y	N	Y	Y	N	N				
7	Bottle Filling Station	Wellness Room	BHS 1935 WR-BFS-AFL	Y	N	Y	Y	N	N	N	Elkay	LZWSR-1C	
8	Water Cooler	Room A8	BHS 1935 RA8-WC-AFL	Y	N	N	Y	N	N	Y	Elkay	EFA8LP1Z	
9	Bottle Filling Station	South Gym	BHS 1935 SG-BFS-1FL	Y	N	Y	Y	N	N	N	Elkay	LZWSR-1C	
10	Sink	Teachers Room South	BHS 1935 TRS-TL-1FL	Y	N	N	Y	Y	N	N			
11	Bottle Filling Station	Hallway Outside Room 112	BHS 1935 H112-BFS-1FL	Y	N	Y	Y	N	N	N	Elkay	LZWSR-1C	
12	Bottle Filling Station	North Gym	BHS 1935 NG-BFS-1FL	Y	N	Y	Y	N	N	N	Elkay	LZWSR-1C	
13	Sink	Teachers Room North	BHS 1935 TRN-TLS-1FL	Y	N	N	Y	Y	N	N			
14	Bottle Filling Station	Hallway Outside Room 101	BHS 9135 H101-BFS-1FL	Y	N	Y	Y	N	N	N	Elkay	LZWSR-1C	
15	Sink	Principals Office	BHS 1935 PO-POS-	Y	N	N	Y	Y	N	N			

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Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

REPORT # 370616020.0
CLIENT # BAY17
DATE SUBMITTED: 6/16/2017

TO: Bayonne Board of Education
54 Juliette Street

Bayonne NJ 07002
ATT: Mike Kubert

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: SINK-PO-POS-1FL FIRST DRAW
SAMPLE LOCATION: BAYONNE HIGH SCHOOL

DATE SAMPLED: 6/16/2017 TIME SAMPLED: 04:30

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead	31.8	ug/l	15	6/19/17-11:41
Analytical Method	EPA 200.9			
Reporting Limit, ug/l	1.0			
Dilution Factor	None			
Digested (Y/N)	No			

< = less than, not detected. Method Detection Limits and Reporting Limits available at www.gslabs.com/certnjdep.html
MCL = Maximum Contaminant Level allowed by State and Federal regulations.

Harvey Klein

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Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

TO: Bayonne Board of Education
54 Juliette Street

Bayonne NJ 07002
ATT: Mike Kubert

REPORT # 370616063.0
CLIENT # BAY17
DATE SUBMITTED: 6/16/2017

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: SINK-PO-POS-1FL SECOND DRAW
SAMPLE LOCATION: BAYONNE HIGH SCHOOL

DATE SAMPLED: 6/16/2017 TIME SAMPLED: 04:32

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead	2.5	ug/l	15	6/19/17-15:57
Analytical Method	EPA 200.9			
Reporting Limit, ug/l	1.0			
Dilution Factor	None			
Digested (Y/N)	No			

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Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

TO: Bayonne Board of Education
54 Juliette Street

Bayonne NJ 07002
ATT: Mike Kubert

REPORT # 370622032.0
CLIENT # BAY17
DATE SUBMITTED: 6/22/2017

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: SINK- SC-SCS-1FL FIRST DRAW
SAMPLE LOCATION: BAYONNE HIGH SCHOOL

DATE SAMPLED: 6/22/2017 TIME SAMPLED: 04:29

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead	34.8	ug/l	15	6/23/17-18:15
Analytical Method	EPA 200.9			
Reporting Limit, ug/l	1.0			
Dilution Factor	None			
Digested (Y/N)	No			

< = less than, not detected. Method Detection Limits and Reporting Limits available at www.gslabs.com/certnjdep.html
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Harvey Klein, M.S., Laboratory Director

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REPORT OF ANALYSIS

TO: Bayonne Board of Education
54 Juliette Street

Bayonne NJ 07002
ATT: Mike Kubert

REPORT # 370622063.0
CLIENT # BAY17
DATE SUBMITTED: 6/22/2017

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: SINK- SC-SCS-1FL SECOND DRAW
SAMPLE LOCATION: BAYONNE HIGH SCHOOL

DATE SAMPLED: 6/22/2017 TIME SAMPLED: 04:31

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead	18.3	ug/l	15	6/23/17-20:09
Analytical Method	EPA 200.9			
Reporting Limit, ug/l	1.0			
Dilution Factor	None			
Digested (Y/N)	No			

< = less than, not detected. Method Detection Limits and Reporting Limits available at www.gslabs.com/certnjdep.html
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Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

REPORT # 370622036.0
CLIENT # BAY17
DATE SUBMITTED: 6/22/2017

TO: Bayonne Board of Education
54 Juliette Street

Bayonne NJ 07002
ATT: Mike Kubert

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: SINK- SC-SCS-3FL FIRST DRAW
SAMPLE LOCATION: BAYONNE HIGH SCHOOL

DATE SAMPLED: 6/22/2017 TIME SAMPLED: 04:47

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead	20.4	ug/l	15	6/23/17-18:24
Analytical Method	EPA 200.9			
Reporting Limit, ug/l	1.0			
Dilution Factor	None			
Digested (Y/N)	No			

< = less than, not detected. Method Detection Limits and Reporting Limits available at www.gslabs.com/certnjdep.html
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Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

TO: Bayonne Board of Education
54 Juliette Street

Bayonne NJ 07002
ATT: Mike Kubert

REPORT # 370622067.0
CLIENT # BAY17
DATE SUBMITTED: 6/22/2017

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: SINK- SC-SCS-3FL SECOND DRAW
SAMPLE LOCATION: BAYONNE HIGH SCHOOL

DATE SAMPLED: 6/22/2017 TIME SAMPLED: 04:49

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead	1.9	ug/l	15	6/23/17-20:20
Analytical Method	EPA 200.9			
Reporting Limit, ug/l	1.0			
Dilution Factor	None			
Digested (Y/N)	No			

< = less than, not detected. Method Detection Limits and Reporting Limits available at www.gslabs.com/certnjdep.html
MCL = Maximum Contaminant Level allowed by State and Federal regulations.

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Mathew Klein, M.S., Founder (1916-1996)
Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

TO: Bayonne Board of Education
54 Juliette Street

Bayonne NJ 07002
ATT: Mike Kubert

REPORT # 370616006.0
CLIENT # BAY17
DATE SUBMITTED: 6/16/2017

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: SINK-WRL-WRLS-AFL FIRST DRAW
SAMPLE LOCATION: BAYONNE HIGH SCHOOL

DATE SAMPLED: 6/16/2017 TIME SAMPLED: 03:34

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead	1.5	ug/l	15	6/19/17-10:56
Analytical Method	EPA 200.9			
Reporting Limit, ug/l	1.0			
Dilution Factor	None			
Digested (Y/N)	No			

< = less than, not detected. Method Detection Limits and Reporting Limits available at www.gslabs.com/certnjdep.html
MCL = Maximum Contaminant Level allowed by State and Federal regulations.

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REPORT OF ANALYSIS

TO: Bayonne Board of Education
54 Juliette Street

Bayonne NJ 07002
ATT: Mike Kubert

REPORT # 370616007.0
CLIENT # BAY17
DATE SUBMITTED: 6/16/2017

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: FILLING STATION-WR-BFS-AFL FIRST DRAW
SAMPLE LOCATION: BAYONNE HIGH SCHOOL

DATE SAMPLED: 6/16/2017 TIME SAMPLED: 03:39

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead	<1.0	ug/l	15	6/19/17-10:59
Analytical Method	EPA 200.9			
Reporting Limit, ug/l	1.0			
Dilution Factor	None			
Digested (Y/N)	No			

< = less than, not detected. Method Detection Limits and Reporting Limits available at www.gslabs.com/certnjdep.html
MCL = Maximum Contaminant Level allowed by State and Federal regulations.

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Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

TO: Bayonne Board of Education
54 Juliette Street

Bayonne NJ 07002
ATT: Mike Kubert

REPORT # 370616008.0
CLIENT # BAY17
DATE SUBMITTED: 6/16/2017

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: SINK-6C-BCS-AFL FIRST DRAW
SAMPLE LOCATION: BAYONNE HIGH SCHOOL

DATE SAMPLED: 6/16/2017 TIME SAMPLED: 03:44

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead	<1.0	ug/l	15	6/19/17-11:02
Analytical Method	EPA 200.9			
Reporting Limit, ug/l	1.0			
Dilution Factor	None			
Digested (Y/N)	No			

< = less than, not detected. Method Detection Limits and Reporting Limits available at www.gslabs.com/certnjdep.html
MCL = Maximum Contaminant Level allowed by State and Federal regulations.

Harvey Klein

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Garden State Laboratories, Inc.

Bacteriological and Chemical Testing

410 Hillside Avenue
Hillside, New Jersey 07205

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Internet: www.gslabs.com

REPORT OF ANALYSIS

TO: Bayonne Board of Education
54 Juliette Street

Bayonne NJ 07002
ATT: Mike Kubert

REPORT # 370616009.0
CLIENT # BAY17
DATE SUBMITTED: 6/16/2017

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: COOLER-HBC-WC-AFL FIRST DRAW
SAMPLE LOCATION: BAYONNE HIGH SCHOOL

DATE SAMPLED: 6/16/2017 TIME SAMPLED: 03:48

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead	<1.0	ug/l	15	6/19/17-11:05
Analytical Method	EPA 200.9			
Reporting Limit, ug/l	1.0			
Dilution Factor	None			
Digested (Y/N)	No			

< = less than, not detected. Method Detection Limits and Reporting Limits available at www.gslabs.com/certnjdep.html
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REPORT OF ANALYSIS

TO: Bayonne Board of Education
54 Juliette Street

Bayonne NJ 07002
ATT: Mike Kubert

REPORT # 370616010.0
CLIENT # BAY17
DATE SUBMITTED: 6/16/2017

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: SINK-TR-TRS-AFL FIRST DRAW
SAMPLE LOCATION: BAYONNE HIGH SCHOOL

DATE SAMPLED: 6/16/2017 TIME SAMPLED: 03:53

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead	2.6	ug/l	15	6/19/17-11:07
Analytical Method	EPA 200.9			
Reporting Limit, ug/l	1.0			
Dilution Factor	None			
Digested (Y/N)	No			

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Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

TO: Bayonne Board of Education
54 Juliette Street

Bayonne NJ 07002
ATT: Mike Kubert

REPORT # 370616011.0
CLIENT # BAY17
DATE SUBMITTED: 6/16/2017

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: ICE MACHINE-TR-IM-AFL FIRST DRAW
SAMPLE LOCATION: BAYONNE HIGH SCHOOL

DATE SAMPLED: 6/16/2017 TIME SAMPLED: 03:57

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead	<1.0	ug/l	15	6/19/17-11:10
Analytical Method	EPA 200.9			
Reporting Limit, ug/l	1.0			
Dilution Factor	None			
Digested (Y/N)	No			

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Harvey Klein, M.S., Laboratory Director

REPORT OF ANALYSIS

TO: Bayonne Board of Education
54 Juliette Street

Bayonne NJ 07002
ATT: Mike Kubert

REPORT # 370616012.0
CLIENT # BAY17
DATE SUBMITTED: 6/16/2017

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: FILLING STATION-WR-BFS-AFL FIRST DRAW
SAMPLE LOCATION: BAYONNE HIGH SCHOOL

DATE SAMPLED: 6/16/2017 TIME SAMPLED: 04:00

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead	<1.0	ug/l	15	6/19/17-11:13
Analytical Method	EPA 200.9			
Reporting Limit, ug/l	1.0			
Dilution Factor	None			
Digested (Y/N)	No			

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