



Pace Analytical Services, LLC-Fairfield

1275 Bloomfield Avenue, Fairfield, NJ 07004 (973) 227-0422



ANALYTICAL RESULTS

STANDARD DELIVERABLES FORMAT

WORK ORDER NUMBER: 24J2744

Kidz Kingdom Learning Center

Project: Kidz Kingdom Learning Center

A handwritten signature in black ink, appearing to read "S. Pradhan", with a horizontal line underneath.

Sudip Pradhan
Laboratory Director

All Results meet the requirements of the National Environmental Laboratory Accreditation Conference and/or State specific certifications as applicable.

Report Date: Oct 31, 2024



Sample Condition Upon Receipt Form (SCUR)

Affix Sample Label Here

Date and Initials of person:
 Examining contents: 10-24-24 BD
 Label: 10-24-24 60
 Deliver to location: _____
 pH: _____

Thermometer Used: 71TR03 Date: 10-24-24 Time: 1255 Initials: B.D.

State of Origin: NY

Cooler #1 Temp: °C 14.7 (Visual) -0.6 (Correction Factor) 14.1 (Actual) Samples on ice, cooling process has begun

Courier: Fed Ex UPS USPS Client Commercial Pace Other _____
 Shipping Method: First Overnight Priority Overnight Standard Overnight Ground Other _____

Tracking # _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No Ice: Wet Blue Melted None

Packing Material: Bubble Wrap Bubble Bags None Other _____
 Samples were collected by Pace employee Yes No N/A

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sampler Name and Signature on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Preservation Information: Preservative: _____ Lot #/Trace #: _____
All Containers needing preservation are found to be in compliance with EPA recommendation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date: _____ Time: _____
Exceptions: Vials, Microbiology, O&G, Metals		Initials: _____
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Additional Login Comments:

Client notification/ Resolution _____ Date/Time: _____
 Person Contacted: _____ Date/Time: _____
 Comments/Resolution: _____