



Dutchess County BOCES - SPC

Lab Sample ID	Sample Location	Analyte	Result	Units	Flag	Action Limit/ MCL	Sample Date	Analysis Date	Method	Matrix
S011396-01	TOD ROOM KS	Lead	75.9	ug/L		15	09/17/2016 10:31:00	09/23/2016 13:04:29	EPA 200.8	Drinking Water
S011396-02	RM #133 KS	Lead	4.31	ug/L		15	09/17/2016 10:33:00	09/23/2016 13:06:44	EPA 200.8	Drinking Water
S011396-03	RM #133 BRS	Lead	22.5	ug/L		15	09/17/2016 10:37:00	09/23/2016 13:09:00	EPA 200.8	Drinking Water
S011396-04	RM #133 Fountain- Not working									
S011396-05	LOBBY MBRS	Lead	5.04	ug/L		15	09/17/2016 10:44:00	09/23/2016 13:11:16	EPA 200.8	Drinking Water
S011396-06	LOBBY LBRS #1	Lead	11.2	ug/L		15	09/17/2016 10:46:00	09/23/2016 13:13:32	EPA 200.8	Drinking Water
S011396-07	LOBBY LBRS #2	Lead	9.24	ug/L		15	09/17/2016 10:48:00	09/23/2016 13:15:48	EPA 200.8	Drinking Water
S011396-08	GYM FOUNTAIN	Lead	2.40	ug/L		15	09/17/2016 10:50:00	09/23/2016 13:18:04	EPA 200.8	Drinking Water
S011396-09	BIL KITCHEN HS#1	Lead	11.4	ug/L		15	09/17/2016 10:54:00	09/23/2016 13:20:20	EPA 200.8	Drinking Water
S011396-10	BIL KITCHEN #1 KS	Lead	9.48	ug/L		15	09/17/2016 10:55:00	09/23/2016 13:22:36	EPA 200.8	Drinking Water
S011396-11	BIG KITCHEN KS #2	Lead	5.72	ug/L		15	09/17/2016 11:01:00	09/23/2016 13:24:53	EPA 200.8	Drinking Water
S011396-12	BIG KITCHEN KS #1D	Lead	9.49	ug/L		15	09/17/2016 11:06:00	09/23/2016 13:36:16	EPA 200.8	Drinking Water
S011396-13	BIG KITCHEN KS #3	Lead	3.96	ug/L		15	09/17/2016 11:10:00	09/23/2016 13:38:32	EPA 200.8	Drinking Water
S011396-14	BIG KITCHEN HS #2	Lead	18.2	ug/L		15	09/17/2016 11:15:00	09/23/2016 13:40:48	EPA 200.8	Drinking Water
S011396-15	BIG KITCHEN BRS	Lead	21.9	ug/L		15	09/17/2016 11:20:00	09/23/2016 13:43:05	EPA 200.8	Drinking Water
S011396-16	BIG KITCHEN STRAY #2	Lead	10.6	ug/L		15	09/17/2016 11:25:00	09/23/2016 13:45:21	EPA 200.8	Drinking Water
S011396-17	RM 126 BATH	Lead	20.2	ug/L		15	09/17/2016 10:50:00	09/23/2016 13:47:37	EPA 200.8	Drinking Water
S011396-18	RM 126 KIT	Lead	9.30	ug/L		15	09/17/2016 10:53:00	09/23/2016 13:49:53	EPA 200.8	Drinking Water
S011396-19	RM 126 FOUNTAIN	Lead	8.49	ug/L		15	09/17/2016 10:55:00	09/23/2016 13:52:09	EPA 200.8	Drinking Water
S011396-20	RM 125 BATH	Lead	6.99	ug/L		15	09/17/2016 11:15:00	09/23/2016 13:56:41	EPA 200.8	Drinking Water
S011396-21	RM 125 KIT	Lead	6.41	ug/L		15	09/17/2016 11:09:00	09/23/2016 13:58:57	EPA 200.8	Drinking Water
S011396-22	RM 125 FOUNTAIN	Lead	14.9	ug/L		15	09/17/2016 11:09:00	09/23/2016 14:10:22	EPA 200.8	Drinking Water
S011396-23	RM 124 BATH	Lead	39.6	ug/L		15	09/17/2016 11:10:00	09/23/2016 14:12:39	EPA 200.8	Drinking Water
S011396-24	RM 124 KIT	Lead	8.43	ug/L		15	09/17/2016 11:10:00	09/23/2016 14:14:55	EPA 200.8	Drinking Water
S011396-25	RM 132 BATH SINK	Lead	23.7	ug/L		15	09/17/2016 10:07:00	09/23/2016 14:17:12	EPA 200.8	Drinking Water
S011396-26	RM 132 KIT SINK	Lead	6.50	ug/L		15	09/17/2016 10:09:00	09/23/2016 14:19:28	EPA 200.8	Drinking Water
S011396-27	RM 132 FOUNTAIN	Lead	6.75	ug/L		15	09/17/2016 10:12:00	09/23/2016 14:21:44	EPA 200.8	Drinking Water
S011396-28	RM 131 BATH	Lead	29.7	ug/L		15	09/17/2016 10:15:00	09/23/2016 14:24:01	EPA 200.8	Drinking Water
S011396-29	RM 131 KIT	Lead	22.3	ug/L		15	09/17/2016 10:17:00	09/23/2016 14:26:17	EPA 200.8	Drinking Water
S011396-30	RM 131 FOUNTAIN	Lead	40.3	ug/L		15	09/17/2016 10:18:00	09/23/2016 14:28:34	EPA 200.8	Drinking Water
S011396-31	RM 130 BATH	Lead	14.4	ug/L		15	09/17/2016 10:20:00	09/23/2016 14:30:51	EPA 200.8	Drinking Water
S011396-32	RM 130 KIT	Lead	8.31	ug/L		15	09/17/2016 10:22:00	09/23/2016 14:42:14	EPA 200.8	Drinking Water



Dutchess County BOCES - SPC

Lab Sample ID	Sample Location	Analyte	Result	Units	Flag	Action Limit/ MCL	Sample Date	Analysis Date	Method	Matrix
S011396-33	RM 130 Fountain - (NA) Not Aavailable									
S011396-34	RM #140 BRS #1	Lead	14.0	ug/L		15	09/17/2016 09:30:00	09/23/2016 14:44:32	EPA 200.8	Drinking Water
S011396-35	RM #140 BRS #2	Lead	14.0	ug/L		15	09/17/2016 09:35:00	09/23/2016 14:46:49	EPA 200.8	Drinking Water
S011396-36	RM #140 KS	Lead	6.90	ug/L		15	09/17/2016 09:40:00	09/23/2016 14:49:05	EPA 200.8	Drinking Water
S011396-37	RM #141A BRS	Lead	42.6	ug/L		15	09/17/2016 10:06:00	09/23/2016 14:53:37	EPA 200.8	Drinking Water
S011396-38	RM 137 BRS	Lead	25.4	ug/L		15	09/17/2016 10:08:00	09/23/2016 14:55:54	EPA 200.8	Drinking Water
S011396-39	RM 136 BRS	Lead	18.7	ug/L		15	09/17/2016 10:10:00	09/23/2016 14:58:11	EPA 200.8	Drinking Water
S011396-40	RM #135 KS	Lead	5.44	ug/L		15	09/17/2016 10:12:00	09/23/2016 15:00:28	EPA 200.8	Drinking Water
S011396-41	RM #135 BRS	Lead	2.29	ug/L		15	09/17/2016 10:16:00	09/23/2016 15:02:44	EPA 200.8	Drinking Water
S011396-42	RM #134 BRS	Lead	36.9	ug/L		15	09/17/2016 10:21:00	09/23/2016 15:05:01	EPA 200.8	Drinking Water
S011396-43	RM #134 KS	Lead	5.86	ug/L		15	09/17/2016 10:22:00	09/23/2016 16:35:25	EPA 200.8	Drinking Water
S011396-44	RM #102 KS	Lead	10.0	ug/L		15	09/17/2016 10:03:00	09/23/2016 16:37:42	EPA 200.8	Drinking Water
S011396-45	RM #101 KS	Lead	191	ug/L		15	09/17/2016 10:05:00	09/23/2016 16:39:59	EPA 200.8	Drinking Water
S011396-46	RM #104 KS	Lead	17.3	ug/L		15	09/17/2016 10:07:00	09/23/2016 16:42:17	EPA 200.8	Drinking Water
S011396-47	RM #103 KS	Lead	25.6	ug/L		15	09/17/2016 10:09:00	09/23/2016 16:44:34	EPA 200.8	Drinking Water
S011396-48	RM #105 KS	Lead	19.0	ug/L		15	09/17/2016 10:10:00	09/23/2016 16:46:51	EPA 200.8	Drinking Water
S011396-49	RM #106 KS	Lead	9.26	ug/L		15	09/17/2016 10:12:00	09/23/2016 16:49:08	EPA 200.8	Drinking Water
S011396-50	HALL A MENS RM #1 SINK LEFT	Lead	16.4	ug/L		15	09/17/2016 10:14:00	09/23/2016 16:51:25	EPA 200.8	Drinking Water
S011396-51	HALL A MENS RM #1 SINK RIGHT	Lead	7.76	ug/L		15	09/17/2016 10:15:00	09/23/2016 16:53:42	EPA 200.8	Drinking Water
S011396-52	HALL A WOMENS RM #1 SINK LEFT	Lead	21.2	ug/L		15	09/17/2016 10:17:00	09/23/2016 16:55:59	EPA 200.8	Drinking Water
S011396-53	HALL A WOMENS RM #1 SINK RIGHT	Lead	13.5	ug/L		15	09/17/2016 10:19:00	09/23/2016 17:07:23	EPA 200.8	Drinking Water
S011396-54	RM #107 KS	Lead	31.5	ug/L		15	09/17/2016 10:21:00	09/23/2016 17:09:41	EPA 200.8	Drinking Water
S011396-55	RM #108 KS	Lead	21.8	ug/L		15	09/17/2016 10:23:00	09/23/2016 17:11:59	EPA 200.8	Drinking Water
S011396-56	RM #109 KS	Lead	40.5	ug/L		15	09/17/2016 10:25:00	09/23/2016 17:14:17	EPA 200.8	Drinking Water
S011396-57	RM #110 KS	Lead	16.0	ug/L		15	09/17/2016 10:27:00	09/23/2016 17:16:34	EPA 200.8	Drinking Water
S011396-58	RM #111 KS	Lead	24.2	ug/L		15	09/17/2016 10:29:00	09/23/2016 17:18:52	EPA 200.8	Drinking Water
S011396-59	RM #113 KS	Lead	152	ug/L		15	09/17/2016 10:31:00	09/23/2016 17:21:10	EPA 200.8	Drinking Water
S011396-60	RM #115 KS	Lead	14.70	ug/L		15	09/17/2016 10:33:00	09/23/2016 17:23:28	EPA 200.8	Drinking Water
S011396-61	RM #116 KS	Lead	25.0	ug/L		15	09/17/2016 10:35:00	09/23/2016 17:28:01	EPA 200.8	Drinking Water
S011396-62	HALL A MENS RM #2 SINK	Lead	15.2	ug/L		15	09/17/2016 10:37:00	09/23/2016 17:30:18	EPA 200.8	Drinking Water
S011396-63	MEDIA LIBRARY WING LADIES RM	Lead	13.0	ug/L		15	09/17/2016 10:39:00	09/25/2016 14:46:23	EPA 200.8	Drinking Water
S011396-64	GYM MENS BR SINK	Lead	15.1	ug/L		15	09/17/2016 10:50:00	09/25/2016 12:55:29	EPA 200.8	Drinking Water



Dutchess County BOCES - SPC

Lab Sample ID	Sample Location	Analyte	Result	Units	Flag	Action Limit/ MCL	Sample Date	Analysis Date	Method	Matrix
S011396-65	GYM LADIES BR SINK	Lead	24.8	ug/L		15	09/17/2016 10:52:00	09/25/2016 12:57:45	EPA 200.8	Drinking Water
S011396-66	HEALTH OFFICE BR SINK	Lead	14.2	ug/L		15	09/17/2016 10:55:00	09/25/2016 13:00:01	EPA 200.8	Drinking Water
S011396-67	ADMINISTRATIO N MENS BR SINK	Lead	95.4	ug/L		15	09/17/2016 10:58:00	09/25/2016 13:02:17	EPA 200.8	Drinking Water
S011396-68	ADMINISTRATION LADIES BR SINK	Lead	14.8	ug/L		15	09/17/2016 11:00:00	09/25/2016 13:04:34	EPA 200.8	Drinking Water
S011396-69	BUS LOBBY OUTDOOR	Lead	23.9	ug/L		15	09/17/2016 11:05:00	09/25/2016 13:06:50	EPA 200.8	Drinking Water
S011396-70	ADMINISTRATIV E BREAK AREA	Lead	23.2	ug/L		15	09/17/2016 11:05:00	09/25/2016 13:09:05	EPA 200.8	Drinking Water
S011396-71	RM 129 BATH	Lead	17.3	ug/L		15	09/17/2016 10:28:00	09/25/2016 13:11:21	EPA 200.8	Drinking Water
S011396-72	RM 129 KIT	Lead	6.82	ug/L		15	09/17/2016 10:30:00	09/25/2016 13:21:39	EPA 200.8	Drinking Water
S011396-73	RM 129 FOUNTAIN	Lead	7.16	ug/L		15	09/17/2016 10:31:00	09/25/2016 13:23:56	EPA 200.8	Drinking Water
S011396-74	RM 128 BATH	Lead	36.7	ug/L		15	09/17/2016 10:40:00	09/25/2016 13:35:21	EPA 200.8	Drinking Water
S011396-75	RM 128 KIT	Lead	11.0	ug/L		15	09/17/2016 10:40:00	09/25/2016 13:37:37	EPA 200.8	Drinking Water
S011396-76	Rm 128 Fountain (NA) - Not available									
S011396-77	RM 127 BATH	Lead	13.2	ug/L		15	09/17/2016 10:44:00	09/25/2016 13:39:53	EPA 200.8	Drinking Water
S011396-78	RM 127 KIT	Lead	5.63	ug/L		15	09/17/2016 10:47:00	09/25/2016 13:42:10	EPA 200.8	Drinking Water
S011396-79	Rm 127 Fountain (NA) - Not available									
S011396-80	119B BATH	Lead	6.81	ug/L		15	09/17/2016 12:08:00	09/25/2016 13:44:27	EPA 200.8	Drinking Water
S011396-81	119B KIT	Lead	8.69	ug/L		15	09/17/2016 12:09:00	09/25/2016 13:46:43	EPA 200.8	Drinking Water
S011396-82	119B FOUNTAIN	Lead	5.75	ug/L		15	09/17/2016 12:09:00	09/25/2016 13:49:01	EPA 200.8	Drinking Water
S011396-83	118 BATH	Lead	25.4	ug/L		15	09/17/2016 12:13:00	09/25/2016 13:51:18	EPA 200.8	Drinking Water
S011396-84	118 KIT	Lead	8.28	ug/L		15	09/17/2016 12:14:00	09/25/2016 13:55:51	EPA 200.8	Drinking Water
S011396-85	117 BATH	Lead	9.29	ug/L		15	09/17/2016 12:27:00	09/25/2016 13:58:08	EPA 200.8	Drinking Water
S011396-86	117 KIT	Lead	11.8	ug/L		15	09/17/2016 12:28:00	09/25/2016 14:09:33	EPA 200.8	Drinking Water
S011396-87	TEACHER FACULTY	Lead	31.5	ug/L		15	09/17/2016 12:32:00	09/25/2016 14:11:49	EPA 200.8	Drinking Water
S011396-88	123 BATH	Lead	236	ug/L		15	09/17/2016 11:31:00	09/25/2016 14:14:07	EPA 200.8	Drinking Water
S011396-89	123 KIT	Lead	135	ug/L		15	09/17/2016 11:32:00	09/25/2016 14:16:45	EPA 200.8	Drinking Water
S011396-90	123 FOUNTAIN	Lead	41.2	ug/L		15	09/17/2016 11:34:00	09/25/2016 14:19:02	EPA 200.8	Drinking Water
S011396-91	122 BATH	Lead	38.4	ug/L		15	09/17/2016 11:42:00	09/25/2016 14:21:19	EPA 200.8	Drinking Water
S011396-92	122 KIT	Lead	24.6	ug/L		15	09/17/2016 11:44:00	09/25/2016 14:23:35	EPA 200.8	Drinking Water
S011396-93	121 BATH	Lead	19.8	ug/L		15	09/17/2016 11:49:00	09/25/2016 14:25:52	EPA 200.8	Drinking Water
S011396-94	121 KIT	Lead	6.13	ug/L		15	09/17/2016 11:50:00	09/25/2016 14:28:08	EPA 200.8	Drinking Water
S011396-95	121 FOUNTAIN	Lead	8.72	ug/L		15	09/17/2016 11:51:00	09/25/2016 14:30:25	EPA 200.8	Drinking Water
S011396-96	120 BATH	Lead	18.4	ug/L		15	09/17/2016 11:53:00	09/25/2016 14:41:49	EPA 200.8	Drinking Water

Dutchess County BOCES
Daniel Trusz
5 BOCES Road
Poughkeepsie, NY 12601



SMITH
ENVIRONMENTAL
LABORATORY

4 Scenic Drive
Hyde Park, NY 12538
845-229-6536
NY ELAP ID: 10924

Dutchess County BOCES - SPC

Lab Sample ID	Sample Location	Analyte	Result	Units	Flag	Action Limit/ MCL	Sample Date	Analysis Date	Method	Matrix
S011396-97	120 KIT	Lead	6.69	ug/L		15	09/17/2016 11:54:00	09/25/2016 14:44:06	EPA 200.8	Drinking Water

Lead analysis performed by ELAP #12406

Key: <=Less Than; ug/L= micrograms per liter; MCL=Maximum Contaminant Level

Reviewed by 

Smith Laboratory is approved as an Environmental Testing Laboratory in conformance with the National Environmental Laboratory Accreditation Conference (NELAC) Standards. This test report pertains only to the above items analyzed on this sample as received by the laboratory. Information supplied by the client is assumed to be correct. This report must be reproduced in its entirety.

SMITH ENVIRONMENTAL LABORATORY

CHAIN OF CUSTODY

4 Scenic Drive
Hyde Park, NY 12538-1313
Phone: 845-229-6536
Fax: 845-229-6538

Copy results to
Local Health Dept. NO
Yes No

Turnaround Time: Standard
RUSH (surcharge applies)
** Date report requested:

Login Review:
Amt Due:
Amt Paid:
Pmt Method:
Receipt No:

Client Name: DUTCHESS COUNTY BOCES Client Phone No: 845-486-8676 Project/Facility Name: SAME
Mailing Address: 5 BOCES ROAD Email or Fax No.: DAN-TRUSZ@DC Location: SPC
POULKERSVILLE N.Y 12601 Copy Report To: BOCES-026 PWS Fed ID No: NY-1319037

LAB USE ONLY

CLIENT: COMPLETE THE SAMPLE INFORMATION IN THE SPACE PROVIDED BELOW

LAB USE ONLY

Order ID No: Sample No:	Sample Identification	Matrix	(Check One)			Treatment Type & Residual	Date & Time Sampled	Analysis Requested	Container & Preservative	Sample Temp. °C	Meets Therm. Pres. Y/N/NA	Meets Chem. Pres. Y/N/NA
			Grab	Comp # hrs	First Draw							
50113916 -01	TOD ROOM KS	DW	Yes				9-17-16 10:31	LEAD	507 Pump	22.9	NA	N
-02	Rm # 133 KS		Yes				9-17-16 10:32					
-03	Rm # 133 BLS		Yes				9-17-16 10:37					
-04	Rm # 133 FOUNTAIN	BOC	Yes		NOT WORKING		9-17-16 10:40					
-05	LOBBY MBLS						9-17-16 10:44			22.9		
-06	LOBBY L BLS #1						9-17-16 10:46					
-07	LOBBY L BLS #2						9-17-16 10:48					
-08	GYM FOUNTAIN						9-17-16 10:50					
-09	BIL KITCHEN HS #1						9-17-16 10:54					
-10	BIL KITCHEN #1 KS						9-17-16 10:58					

Sampled By: (Name) DAN TRUSZ (Title) HCO OPERAT I hereby affirm that the information above is true and complete to the best of my knowledge. I acknowledge that Smith Environmental Laboratory (SEL) reserves the right to subcontract testing to a NYS DOH ELAP approved lab which holds required certifications in the event that it is unable to perform the analysis. I agree to allow samples be sent to a sub laboratory at the discretion of SEL. I also affirm that I am responsible for payment at time of receipt, unless other arrangements are approved in advance.

Sample Relinquished By: DANIEL TRUSZ Received By: _____ Date: _____ Time: _____
Sample Relinquished By: _____ Received at Lab By: BTC Date: 9-18-16 Time: 10:00

Sample(s) received:
In Correct Bottle: Yes No
On Ice: Yes No *Refer to back of chain for tests requiring thermal preservation.
Note: Thermal preservation is met when samples are received ≤6°C. If temperature is greater than 6°C, samples will be considered to meet thermal preservation if received in sufficient ice within 8 hours of collection.
Note: Samples requiring chemical preservation which are received unpreserved will be preserved at the laboratory at the time of receipt.

Comments: Rm 133 Fountain bottle empty (BAE)
Samples are subject to our terms and conditions found at <http://www.smithlaboratory.com/terms/>

SMITH ENVIRONMENTAL LABORATORY
 4 Scenic Drive
 Hyde Park, NY 12538-1313
 Phone: 845-229-6536
 Fax: 845-229-6538

CHAIN OF CUSTODY

Copy results to
 Local Health Dept. Yes No *of Neg*

Turnaround Time: Standard
 RUSH (surcharge applies)
 ** Date report requested:

Login Review:
 Amt Due:
 Amt Paid:
 Pmt Method:
 Receipt No:

Client Name: Dutchess County Client Phone No: 845-486-8070 Project/Facility Name: SAME
 Mailing Address: 8 BOCES 2D Email or Fax No: DAN TRUSE @ Location: SPC
POUGKEEPSIE NY 12601 Copy Report To: DC BOCES-026 PWS Fed ID No: NY-1910937

LAB USE ONLY CLIENT: COMPLETE THE SAMPLE INFORMATION IN THE SPACE PROVIDED BELOW LAB USE ONLY

Order ID No: Sample No:	Sample Identification	Matrix	(Check One)			Treatment Type & Residual	Date & Time Sampled	Analysis Requested	Container & Preservative	Sample Temp. °C	Meets Therm. Pres. Y/N/NA	Meets Chem. Pres. Y/N/NA
			Grab	Comp # hrs	First Draw							
5011396												
-11	BIL KITCHEN KS #2	DW	Yes				9-17-16 11:01	LEAD	8 oz P und	22.4	NA	N
-12	BIL KITCHEN SPAN #1		Yes				9-17-16 11:06					
-13	BIL KITCHEN KS #3		Yes				9-17-16 11:10					
-14	BIL KITCHEN HS #2		Yes				9-17-16 11:15					
-15	BIL KITCHEN TRS		Yes				9-17-16 12:20					
-16	BIL KITCHEN SPAN #2		Yes				9-17-16 12:25					

Sampled By: (Name) DAN TRUSE (Title) H2O OPERATOR hereby affirm that the information above is true and complete to the best of my knowledge. I acknowledge that Smith Environmental Laboratory (SEL) reserves the right to subcontract testing to a NYS DOH ELAP approved lab which holds required certifications in the event that it is unable to perform the analysis. I agree to allow samples be sent to a sub laboratory at the discretion of SEL. I also affirm that I am responsible for payment at time of receipt, unless other arrangements are approved in advance.

Sample Relinquished By: DANIEL TRUSE Received By: _____ Date: _____ Time: _____
 Sample Relinquished By: _____ Received at Lab By: BAC Date: 9-19-16 Time: 10:00

Sample(s) received:
 In Correct Bottle: Yes No
 On Ice: Yes No Refer to back of chain for tests requiring thermal preservation.
 Note: Thermal preservation is met when samples are received ≤6°C. If temperature is greater than 6°C, samples will be considered to meet thermal preservation if received in sufficient ice within 8 hours of collection.
 Note: Samples requiring chemical preservation which are received unpreserved will be preserved at the laboratory at the time of receipt.

Comments: _____

 Samples are subject to our terms and conditions found at <http://www.smithlaboratory.com/terms/>

SMITH ENVIRONMENTAL LABORATORY

CHAIN OF CUSTODY

4 Scenic Drive
Hyde Park, NY 12538-1313
Phone: 845-229-6536
Fax: 845-229-6538

Copy results to
Local Health Dept. NO
Yes No DT

Turnaround Time: Standard
RUSH (surcharge applies)
** Date report requested:

Login Review:
Amt Due:
Amt Paid:
Pmt Method:
Receipt No:

Client Name: DUTCHESS COUNTY BOCES Client Phone No: 845-486-8070 Project/Facility Name: SAME
Mailing Address: 5 BOCES ROAD Email or Fax No.: DAN.TRUSZ @ Location: SPC BLDG
POUGKEEPSIE NEW YORK 12661 Copy Report To: DC BOCES.ORG PWS Fed ID No: NY- 1319037

LAB USE ONLY

CLIENT: COMPLETE THE SAMPLE INFORMATION IN THE SPACE PROVIDED BELOW

LAB USE ONLY

Order ID No: Sample No:	Sample Identification	Matrix	(Check One)			Treatment Type & Residual	Date & Time Sampled	Analysis Requested	Container & Preservative	Sample Temp. °C	Meets Ther. Pres. Y/N/NA	Meets Chem. Pres. Y/N/NA
			Grab	Comp # hrs	First Draw							
S0113916 -17	Rm 126 BATH	DW	Yes			9-17-16 10:50	LEAD	80Z PLUMP	22.6	NA	N	
-18	Rm 126 KIT					9-17-16 10:53						
-19	Rm 126 FOUNTAIN					9-17-16 10:53						
-20	Rm 125 BATH					9-17-16 11:15						
-21	Rm 125 KIT					9-17-16 11:09						
-22	Rm 125 FOUNTAIN					9-17-16 11:07						
-23	Rm 124 BATH					9-17-16 11:10						
-24	Rm 124 KIT					9-17-16 11:10						
-25 BAC	Rm 124 FOUNTAIN					9-17-16						

Sampled By: (Name) _____ (Title) _____ I hereby affirm that the information above is true and complete to the best of my knowledge. I acknowledge that Smith Environmental Laboratory (SEL) reserves the right to subcontract testing to a NYS DOH ELAP approved lab which holds required certifications in the event that it is unable to perform the analysis. I agree to allow samples be sent to a sub laboratory at the discretion of SEL. I also affirm that I am responsible for payment at time of receipt, unless other arrangements are approved in advance.

Sample Relinquished By: George Poppeli Received By: _____ Date: _____ Time: _____
Sample Relinquished By: DANIEL TRUSZ Received at Lab By: BAC Date: 9-19-16 Time: 10:00

Sample(s) received: _____
In Correct Bottle: Yes No _____
On Ice: Yes No *Refer to back of chain for tests requiring thermal preservation.
Note: Thermal preservation is met when samples are received ≤6°C. If temperature is greater than 6°C, samples will be considered to meet thermal preservation if received in sufficient ice within 8 hours of collection.
Note: Samples requiring chemical preservation which are received unpreserved will be preserved at the laboratory at the time of receipt.

Comments: _____

Samples are subject to our terms and conditions found at <http://www.smithlaboratory.com/terms/>

SMITH ENVIRONMENTAL LABORATORY

CHAIN OF CUSTODY

4 Scenic Drive
Hyde Park, NY 12538-1313
Phone: 845-229-6536
Fax: 845-229-6538

Copy results to
Local Health Dept. NO
Yes No

Turnaround Time: Standard
RUSH (surcharge applies)
** Date report requested:

Login Review:
Amt Due:
Amt Paid:
Pmt Method:
Receipt No:

Client Name: DUTCHESS COUNTY BOCES Client Phone No: 845-486-8070 Project/Facility Name: SAME
Mailing Address: 5 BOCES ROAD Email or Fax No.: DAN.TRUSZ@ Location: SPC BLDG
POUGKEEPSIE NEW YORK 12661 Copy Report To: DC BOCES.ORG PWS Fed ID No: NY- 1319037

LAB USE ONLY

CLIENT: COMPLETE THE SAMPLE INFORMATION IN THE SPACE PROVIDED BELOW

LAB USE ONLY

Order ID No: Sample No:	Sample Identification	Matrix	(Check One)			Treatment Type & Residual	Date & Time Sampled	Analysis Requested	Container & Preservative	Sample Temp. °C	Meets Ther. Pres. Y/N/NA	Meets Chem. Pres. Y/N/NA
			Grab	Comp # hrs	First Draw							
5011396 -25	Rm 132 BATH SINK	DW	Yes			9-17-16 10:07	LEAD	902 P/UMP	22.6	NA	N	
-26	Rm 132 Kit SINK					9-17-16 10:09						
-27	Rm 132 FOUNTAIN					9-17-16 10:12						
-28	Rm 131 BATH					9-17-16 10:15						
-29	Rm 131 Kit					9-17-16 10:17						
-30	Rm 131 FOUNTAIN					9-17-16 10:18						
-31	Rm 130 BATH					9-17-16 10:20						
-32	Rm 130 Kit					9-17-16 10:22						
-33	Rm 130 FOUNTAIN (NA)					9-17-16 10:24						

Sampled By: (Name) George Poppelein (Title) _____ I hereby affirm that the information above is true and complete to the best of my knowledge. I acknowledge that Smith Environmental Laboratory (SEL) reserves the right to subcontract testing to a NYS DOH ELAP approved lab which holds required certifications in the event that it is unable to perform the analysis. I agree to allow samples be sent to a sub laboratory at the discretion of SEL. I also affirm that I am responsible for payment at time of receipt, unless other arrangements are approved in advance.

Sample Relinquished By: DANIEL TRUSZ Received By: _____ Date: _____ Time: _____
Sample Relinquished By: _____ Received at Lab By: BAC Date: 9-19-16 Time: 10:00

Sample(s) received: _____
In Correct Bottle: Yes No
On Ice: Yes *Refer to back of chain for tests requiring thermal preservation.
Note: Thermal preservation is met when samples are received 5°C. If temperature is greater than 6°C, samples will be considered to meet thermal preservation if received in sufficient ice within 8 hours of collection.
Note: Samples requiring chemical preservation which are received unpreserved will be preserved at the laboratory at the time of receipt.

Comments: Rm 130 Fountain bottle rec'd empty
BAC
Samples are subject to our terms and conditions found at <http://www.smithlaboratory.com/terms/>

SMITH ENVIRONMENTAL LABORATORY
 4 Scenic Drive
 Hyde Park, NY 12538-1313
 Phone: 845-229-6536
 Fax: 845-229-6538

CHAIN OF CUSTODY

Copy results to Local Health Dept. NO
 Yes No

Turnaround Time: Standard
 RUSH (surcharge applies)
 ** Date report requested:

Login Review:
 Amt Due:
 Amt Paid:
 Pmt Method:
 Receipt No:

Client Name: DUTCHESS COUNTY BOCES Client Phone No: 845-486-8070 Project/Facility Name: SAME
 Mailing Address: 5 BOCES ROAD Email or Fax No.: DAN.TRUSZ @ Location: SPC BLDG
POUGKEEPSIE NEW YORK 12661 Copy Report To: DC BOCES . ORG PWS Fed ID No: NY-1319037

LAB USE ONLY CLIENT: COMPLETE THE SAMPLE INFORMATION IN THE SPACE PROVIDED BELOW LAB USE ONLY

Order ID No: Sample No:	Sample Identification	Matrix	(Check One)			Treatment Type & Residual	Date & Time Sampled	Analysis Requested	Container & Preservative	Sample Temp. °C	Meets Therm. Pres. Y/N/NA	Meets Chem. Pres. Y/N/NA
			Grab	Comp # hrs	First Draw							
S011396 -34	Room #140 BRS #1	DW	Yes				9-17-16 9:30 LEAD	8oz PLUMP	22.9	NA	N	
-35	Room #140 BRS #2		Yes				9-17-16 09:35					
-36	Room #140 KS		Yes				9-17-16 09:40					
-37	Room #141A BRS		Yes				9-17-16 10:06					
-38	Room #137 BRS		Yes				9-17-16 10:08					
-39	Room #136 BRS		Yes				9-17-16 10:18					
-40	Room #135 KS		Yes				9-17-16 10:12					
-41	Room #135 BRS		Yes				9-17-16 10:16					
-42	Room #134 BRS		Yes				9-17-16 10:21					
-43	Room #134 KS	✓	Yes				10:22	↓	↓	↓	↓	

Sampled By: (Name) DANIEL TRUSZ (Title) HZ OPERATOR I hereby affirm that the information above is true and complete to the best of my knowledge. I acknowledge that Smith Environmental Laboratory (SEL) reserves the right to subcontract testing to a NYS DOH ELAP approved lab which holds required certifications in the event that it is unable to perform the analysis. I agree to allow samples be sent to a sub laboratory at the discretion of SEL. I also affirm that I am responsible for payment at time of receipt, unless other arrangements are approved in advance.

Sample Relinquished By: DANIEL TRUSZ Received By: _____ Date: _____ Time: _____
 Sample Relinquished By: _____ Received at Lab By: BAC Date: 9-19-16 Time: 90:00

Sample(s) received: 1
 In Correct Bottle: Yes No
 On Ice: Yes No *Refer to back of chain for tests requiring thermal preservation.
 Note: Thermal preservation is met when samples are received ≤6°C. If temperature is greater than 6°C, samples will be considered to meet thermal preservation if received in sufficient ice within 8 hours of collection.
 Note: Samples requiring chemical preservation which are received unpreserved will be preserved at the laboratory at the time of receipt.

Comments: _____

 Samples are subject to our terms and conditions found at <http://www.smithlaboratory.com/terms/>
 Smith Environmental Laboratory Chain of Custody M-1 Rev 1 Data Review: Mgr _____ Date _____

SMITH ENVIRONMENTAL LABORATORY

CHAIN OF CUSTODY

4 Scenic Drive
Hyde Park, NY 12538-1313
Phone: 845-229-6536
Fax: 845-229-6538

Copy results to
Local Health Dept. NO
 No Yes

Turnaround Time: Standard
RUSH (surcharge applies)
** Date report requested:

Login Review:
Amt Due:
Amt Paid:
Pmt Method:
Receipt No:

Client Name: DUTCHESS COUNTY BOCES Client Phone No: 845-486-8090 Project/Facility Name: SAME
Mailing Address: 5 BOCES ROAD Email or Fax No.: DAN.TRUSZ@ Location: SPC BLDG
POUGKEEPSIE NEW YORK 12661 Copy Report To: DC BOCES.ORG PWS Fed ID No: NY- 1319037

LAB USE ONLY

CLIENT: COMPLETE THE SAMPLE INFORMATION IN THE SPACE PROVIDED BELOW

LAB USE ONLY

Order ID No: Sample No:	Sample Identification	Matrix	(Check One)			Treatment Type & Residual	Date & Time Sampled	Analysis Requested	Container & Preservative	Sample Temp. °C	Meets Therm. Pres. Y/N/A	Meets Chem. Pres. Y/N/A
			Grab	Comp # hrs	First Draw							
S011396 -44	Room # 102 KS	DW	Yes				9-17-16 10:03 am	LEAD	8 STUMP	22.7	N/A	N
-45	Room # 101 KS						9-17-16 10:05 am					
-46	Room # 104 KS						9-17-16 10:07 am					
-47	Room # 103 KS						9-17-16 10:09 am					
-48	Room # 105 KS						9-17-16 10:10 am					
-49	Room # 106 KS						9-17-16 10:12 am					
-50	Hall A mens Room #1 SINK ON LEFT						9-17-16 10:14 am					
-51	Hall A mens Room SINK ON RIGHT						9-17-16 10:15 am					
-52	Hall A womens Room SINK ON LEFT						9-17-16 10:17 am					
-53	Hall A womens Room SINK ON RIGHT						9-17-16 10:19 am					

Sampled By: (Name) Raymond LAKE (Title) _____ I hereby affirm that the information above is true and complete to the best of my knowledge.
I acknowledge that Smith Environmental Laboratory (SEL) reserves the right to subcontract testing to a NYS DOH ELAP approved lab which holds required certifications in the event that it is unable to perform the analysis. I agree to allow samples be sent to a sub laboratory at the discretion of SEL. I also affirm that I am responsible for payment at time of receipt, unless other arrangements are approved in advance.

Sample Relinquished By: DANIEL TRUSZ Received By: _____ Date: _____ Time: _____
Sample Relinquished By: _____ Received at Lab By: BAC Date: 9-19-16 Time: 10:00

Sample(s) received: 1
In Correct Bottle: Yes No
On Ice: Yes No *Refer to back of chain for tests requiring thermal preservation.
Note: Thermal preservation is met when samples are received ≤6°C. If temperature is greater than 6°C, samples will be considered to meet thermal preservation if received in sufficient ice within 8 hours of collection.
Note: Samples requiring chemical preservation which are received unpreserved will be preserved at the laboratory at the time of receipt.

Comments: _____

Samples are subject to our terms and conditions found at <http://www.smithlaboratory.com/terms/>

SMITH ENVIRONMENTAL LABORATORY

CHAIN OF CUSTODY

4 Scenic Drive
Hyde Park, NY 12538-1313
Phone: 845-229-6536
Fax: 845-229-6538

Copy results to
Local Health Dept. NO
 Yes No DT

Turnaround Time: Standard
RUSH (surcharge applies)
** Date report requested:

Login Review:
Amt Due:
Amt Paid:
Pmt Method:
Receipt No:

Client Name: DUTCHESS COUNTY BOCES Client Phone No: 845-486-8070 Project/Facility Name: SAME
Mailing Address: 5 BOCES ROAD Email or Fax No.: DAN TRUSZ @ Location: SPC BLDG
POUGKEEPSIE NEW YORK 12601 Copy Report To: DC BOCES.ORG PWS Fed ID No: NY- 1319037

LAB USE ONLY

CLIENT: COMPLETE THE SAMPLE INFORMATION IN THE SPACE PROVIDED BELOW

LAB USE ONLY

Order ID No: Sample No:	Sample Identification	Matrix	(Check One)			Treatment Type & Residual	Date & Time Sampled	Analysis Requested	Container & Preservative	Sample Temp. °C	Meets Therm. Pres. Y/N/NA	Meets Chem. Pres. Y/N/NA
			Grab	Comp # hrs	First Draw							
<u>S011394</u> -54	<u>Room # 107 Ks</u>	<u>PW</u>	<u>Yes</u>			<u>9-17-16</u> <u>10:21 AM</u>	<u>LEAD</u>	<u>80Z</u> <u>P</u>	<u>225</u>	<u>NA</u>	<u>Y</u>	
-55	<u>Room # 108 Ks</u>					<u>9-17-16</u> <u>10:23 AM</u>						
-56	<u>Room # 109 Ks</u>					<u>9-17-16</u> <u>10:25 AM</u>						
-57	<u>Room # 110 Ks</u>					<u>9-17-16</u> <u>10:27 AM</u>						
-58	<u>Room # 111 Ks</u>					<u>9-17-16</u> <u>10:29 AM</u>						
-59	<u>Room # 113 Ks</u>					<u>9-17-16</u> <u>10:31 AM</u>						
-60	<u>Room # 115 Ks</u>					<u>9-17-16</u> <u>10:33 AM</u>						
-61	<u>Room # 116 Ks</u>					<u>9-17-16</u> <u>10:35 AM</u>						
-62	<u>Hall A Mens Room # 2</u> <u>Sink</u>					<u>9-17-16</u> <u>10:37 AM</u>						
-63	<u>Media Library Wing</u> <u>Labier Room Sink</u>					<u>9-17-16</u> <u>10:39 AM</u>						

Sampled By: (Name) Raymond Love (Title) _____ I hereby affirm that the information above is true and complete to the best of my knowledge. I acknowledge that Smith Environmental Laboratory (SEL) reserves the right to subcontract testing to a NYS DOH ELAP approved lab which holds required certifications in the event that it is unable to perform the analysis. I agree to allow samples be sent to a sub laboratory at the discretion of SEL. I also affirm that I am responsible for payment at time of receipt, unless other arrangements are approved in advance.

Sample Relinquished By: DANIEL TRUSZ Received By: _____ Date: _____ Time: _____
Sample Relinquished By: _____ Received at Lab By: BAC Date: 9-19-16 Time: 1000

Sample(s) received: _____
In Correct Bottle: Yes No
On Ice: Yes No *Refer to back of chain for tests requiring thermal preservation.
Note: Thermal preservation is met when samples are received ≤6°C. If temperature is greater than 6°C, samples will be considered to meet thermal preservation if received in sufficient ice within 8 hours of collection.
Note: Samples requiring chemical preservation which are received unpreserved will be preserved at the laboratory at the time of receipt.

Comments: _____

Samples are subject to our terms and conditions found at <http://www.smithlaboratory.com/terms/>

SMITH ENVIRONMENTAL LABORATORY

CHAIN OF CUSTODY

4 Scenic Drive
Hyde Park, NY 12538-1313
Phone: 845-229-6536
Fax: 845-229-6538

Copy results to
Local Health Dept. VO
Yes No DS

Turnaround Time: Standard
RUSH (surcharge applies)
** Date report requested:

Login Review:
Amt Due:
Amt Paid:
Pmt Method:
Receipt No:

Client Name: Dutchess County Boces Client Phone No: 845-486-8070 Project/Facility Name: SAME
Mailing Address: 5 Boces Road Email or Fax No.: Don.Trusz @ Location: SPC Bldg.
Poughkeepsie New York 12601 Copy Report To: DC Boces . org PWS Fed ID No: NY- 1319037

LAB USE ONLY

CLIENT: COMPLETE THE SAMPLE INFORMATION IN THE SPACE PROVIDED BELOW

LAB USE ONLY

Order ID No: Sample No:	Sample Identification	Matrix	(Check One)			Treatment Type & Residual	Date & Time Sampled	Analysis Requested	Container & Preservative	Sample Temp. °C	Meets Therm. Pres. Y/N/NA	Meets Chem. Pres. Y/N/NA
			Grab	Comp # hrs	First Draw							
504396 -64	Gym Men's Bathroom Sink	DW	Yes				9-17-16 10:50 AM Lead	807 PTUNP	22.4	NA	N	
-65	Gym Ladies Bathroom Sink	↓	↓				9-17-16 10:52 AM	↓	↓	↓	↓	
-66	Health office Bathroom Sink	↓	↓				9-17-16 10:55 AM	↓	↓	↓	↓	
-67	Administration Men's Bathroom Sink	↓	↓				9-17-16 10:58 AM	↓	↓	↓	↓	
-68	Administration Ladies Bathroom Sink	↓	↓				9-17-16 11:00 AM 22.5	↓	↓	↓	↓	
-69	Bus Lobby outdoor Base Bib	↓	↓				9-17-16 11:05 AM	↓	↓	↓	↓	
-70	Administration Break Area Sink	↓	↓				9-17-16 11:10 AM	↓	↓	↓	↓	

Sampled By: (Name) Raymond Lake (Title) _____ I hereby affirm that the information above is true and complete to the best of my knowledge. I acknowledge that Smith Environmental Laboratory (SEL) reserves the right to subcontract testing to a NYS DOH ELAP approved lab which holds required certifications in the event that it is unable to perform the analysis. I agree to allow samples be sent to a sub laboratory at the discretion of SEL. I also affirm that I am responsible for payment at time of receipt, unless other arrangements are approved in advance.

Sample Relinquished By: DANIEL TRUSZ Received By: _____ Date: _____ Time: _____
Sample Relinquished By: _____ Received at Lab By: BAC Date: 9-19-16 Time: 10:00

Sample(s) received:
In Correct Bottle: Yes No _____
On Ice: Yes No Refer to back of chain for tests requiring thermal preservation.
Note: Thermal preservation is met when samples are received ≤6°C. If temperature is greater than 6°C, samples will be considered to meet thermal preservation if received in sufficient ice within 8 hours of collection.
Note: Samples requiring chemical preservation which are received unpreserved will be preserved at the laboratory at the time of receipt.

Comments: _____

Samples are subject to our terms and conditions found at <http://www.smithlaboratory.com/terms/>

SMITH ENVIRONMENTAL LABORATORY
 4 Scenic Drive
 Hyde Park, NY 12538-1313
 Phone: 845-229-6536
 Fax: 845-229-6538

CHAIN OF CUSTODY

Copy results to
 Local Health Dept.
 Yes No NO DT

Turnaround Time: Standard
 RUSH (surcharge applies)
 ** Date report requested:

Login Review:
 Amt Due:
 Amt Paid:
 Prnt Method :
 Receipt No:

Client Name: DUTCHESS COUNTY BOCES Client Phone No: 845-486-8070 Project/Facility Name: SAME
 Mailing Address: 5 BOCES ROAD Email or Fax No.: DAN.TRUSZ @ Location: SPC BLDG
POUGHKEEPSIE NEW YORK 12661 Copy Report To: DC BOCES.ORG PWS Fed ID No: NY- 1319037

LAB USE ONLY

CLIENT: COMPLETE THE SAMPLE INFORMATION IN THE SPACE PROVIDED BELOW

LAB USE ONLY

Order ID No: Sample No:	Sample Identification	Matrix	(Check One)			Treatment Type & Residual	Date & Time Sampled	Analysis Requested	Container & Preservative	Sample Temp. °C	Meets Therm. Pres. Y/N/NA	Meets Chem. Pres. Y/N/NA
			Grab	Comp # hrs	First Draw							
5011396 -71	Rm 129 BATH	DW	Yes				9-17-16 10:28 LEAD	8 OZ P/UNP	22.6	NA	N	
-72	Rm 129 KIT						9-17-16 10:30					
-73	Rm 129 Fountain						9-17-16 10:31					
-74	Rm 128 BATH						9-17-16 10:40					
-75	Rm 128 Kit						9-17-16 10:40					
-76	Rm 128 Fountain (NA)						9-17-16 10:41					
-77	Rm 127 BATH	DW					9-17-16 10:44		22.7	NA	N	
-78	Rm 127 Kit	DW					9-17-16 10:47			NA	N	
-79	Rm 127 Fountain (NA)						9-17-16 10:48					

Sampled By: (Name) George Popplein (Title) _____ I hereby affirm that the information above is true and complete to the best of my knowledge.
 I acknowledge that Smith Environmental Laboratory (SEL) reserves the right to subcontract testing to a NYS DOH ELAP approved lab which holds required certifications in the event that it is unable to perform the analysis. I agree to allow samples be sent to a sub laboratory at the discretion of SEL. I also affirm that I am responsible for payment at time of receipt, unless other arrangements are approved in advance.

Sample Relinquished By: DANIEL TRUSZ Received By: _____ Date: _____ Time: _____
 Sample Relinquished By: _____ Received at Lab By: BAC Date: 9-19-16 Time: 10:00

Sample(s) received:
 In Correct Bottle: Yes No
 On Ice: Yes No Refer to back of chain for tests requiring thermal preservation.
 Note: Thermal preservation is met when samples are received ≤6°C. If temperature is greater than 6°C, samples will be considered to meet thermal preservation if received in sufficient ice within 8 hours of collection.
 Note: Samples requiring chemical preservation which are received unpreserved will be preserved at the laboratory at the time of receipt.

Comments: Rm 128 Fountain & Rm 127 Fountain
bottles rec'd empty (BAC)
 Samples are subject to our terms and conditions found at <http://www.smithlaboratory.com/terms/>

SMITH ENVIRONMENTAL LABORATORY

CHAIN OF CUSTODY

4 Scenic Drive
Hyde Park, NY 12538-1313
Phone: 845-229-6536
Fax: 845-229-6538

Copy results to
Local Health Dept.

~~Yes~~ No **NO**

Turnaround Time: Standard

RUSH (surcharge applies)

** Date report requested:

Login Review:
Amt Due:
Amt Paid:
Pmt Method:
Receipt No:

Client Name: DUTCHESS COUNTY BOCES Client Phone No: 845-486-8070 Project/Facility Name: SAME
 Mailing Address: 5 BOCES ROAD Email or Fax No.: DAN.TRUSZ @ Location: SPC BLDG
POUGHKEEPSIE NEW YORK 12601 Copy Report To: DC BOCES.ORG PWS Fed ID No: NY- 1319037

LAB USE ONLY

CLIENT: COMPLETE THE SAMPLE INFORMATION IN THE SPACE PROVIDED BELOW

LAB USE ONLY

Order ID No: Sample No:	Sample Identification	Matrix	(Check One)			Treatment Type & Residual	Date & Time Sampled	Analysis Requested	Container & Preservative	Sample Temp. °C	Meets Therm. Pres. Y/N/A	Meets Chem. Pres. Y/N/A
			Grab	Comp # hrs	First Draw							
5011396 -80	119B BATH	PW	Yes			9-17-16 12:08	LEAD	807 STUMP	22.5	NA	N	
-81	119B KIT					9-17-16 12:09						
-82	119B FOUNTAIN					9-17-16 12:09						
-83	118 BATH					9-17-16 12:13						
-84	118 KIT					9-17-16 12:14						
-85	117 BATH					9-17-16 12:27						
-86	117 KIT					9-17-16 12:28						
-87	TEACHER FACILITY					9-17-16 12:32						

Sampled By: (Name) George Pappalardo (Title) _____ I hereby affirm that the information above is true and complete to the best of my knowledge. I acknowledge that Smith Environmental Laboratory (SEL) reserves the right to subcontract testing to a NYS DOH ELAP approved lab which holds required certifications in the event that it is unable to perform the analysis. I agree to allow samples be sent to a sub laboratory at the discretion of SEL. I also affirm that I am responsible for payment at time of receipt, unless other arrangements are approved in advance.

Sample Relinquished By: DANIEL TRUSZ Received By: _____ Date: 9-19-16 Time: 10:00
 Sample Relinquished By: _____ Received at Lab By: BAC Date: _____ Time: _____

Sample(s) received
 In Correct Bottle: Yes No
 On Ice: Yes No *Refer to back of chain for tests requiring thermal preservation.
 Note: Thermal preservation is met when samples are received ≤6°C. If temperature is greater than 6°C, samples will be considered to meet thermal preservation if received in sufficient ice within 8 hours of collection.
 Note: Samples requiring chemical preservation which are received unpreserved will be preserved at the laboratory at the time of receipt.

Comments: _____

 Samples are subject to our terms and conditions found at <http://www.smithlaboratory.com/terms/>

SMITH ENVIRONMENTAL LABORATORY

CHAIN OF CUSTODY

4 Scenic Drive
Hyde Park, NY 12538-1313
Phone: 845-229-6536
Fax: 845-229-6538

Copy results to
Local Health Dept.
Yes No *No*

Turnaround Time: Standard
RUSH (surcharge applies)
** Date report requested:

Login Review:
Amt Due:
Amt Paid:
Pmt Method :
Receipt No:

Client Name: DUTCHESS COUNTY BOCES Client Phone No: 845-486-8070 Project/Facility Name: SAME
Mailing Address: 5 BOCES ROAD Email or Fax No.: DAN.TRUSZ@ Location: SPC BLDG
POUGKEEPSIE NEW YORK 12604 Copy Report To: DC BOCES.ORG PWS Fed ID No: NY- 1319037

LAB USE ONLY

CLIENT: COMPLETE THE SAMPLE INFORMATION IN THE SPACE PROVIDED BELOW

LAB USE ONLY

Order ID No: Sample No:	Sample Identification	Matrix	(Check One)			Treatment Type & Residual	Date & Time Sampled	Analysis Requested	Container & Preservative	Sample Temp. °C	Meets Therm. Pres. Y/N/NA	Meets Chem. Pres. Y/N/NA
			Grab	Comp # hrs	First Draw							
S011396 -88	123 BATH	DW	Yes			9-17-16 11:31	LEAD	8oz PLUMP	22.6	NA	N	
-89	123 KIT					9-17-16 11:32						
-90	123 FOUNTAIN					9-17-16 11:34						
-91	122 BATH					9-17-16 11:42						
-92	122 KIT					9-17-16 11:44						
-93	121 BATH					9-17-16 11:49						
-94	121 KIT					9-17-16 11:50						
-95	121 FOUNTAIN					9-17-16 11:51						
-96	120 BATH					9-17-16 11:53						
-97	120 KIT					9-17-16 11:54						

Sampled By: (Name) George Pogpler (Title) _____ I hereby affirm that the information above is true and complete to the best of my knowledge. I acknowledge that Smith Environmental Laboratory (SEL) reserves the right to subcontract testing to a NYS DOH ELAP approved lab which holds required certifications in the event that it is unable to perform the analysis. I agree to allow samples be sent to a sub laboratory at the discretion of SEL. I also affirm that I am responsible for payment at time of receipt, unless other arrangements are approved in advance.

Sample Relinquished By: DANIEL TRUSZ Received By: _____ Date: _____ Time: _____
Sample Relinquished By: _____ Received at Lab By: BAC Date: 9-19-16 Time: 10:00

Sample(s) received: _____
In Correct Bottle: Yes No _____
On Ice: Yes No Refer to back of chain for tests requiring thermal preservation.
Note: Thermal preservation is met when samples are received ≤6°C. If temperature is greater than 6°C, samples will be considered to meet thermal preservation if received in sufficient ice within 8 hours of collection.
Note: Samples requiring chemical preservation which are received unpreserved will be preserved at the laboratory at the time of receipt.

Comments: _____

Samples are subject to our terms and conditions found at <http://www.smithlaboratory.com/terms/>