



## Chain of Custody Record

12423 NE Whitaker Way  
 Portland, OR 97230  
 Phone: (503) 254-1794 Fax: (503) 254-1452  
 www.pixislabs.com

Please inform us if you know or suspect that your sample contains hazardous chemicals.

Some or all of this analyses may be subcontracted to an ORELAP accredited lab.

Company: <u>Corbett Sch Dist 39</u> Contact: <u>Marie Wilson</u> Address: <u>35800 E Historic Columbia</u> <u>RVR Hwy</u> Email: <u>M Wilson @ corbett.k12.or.us</u> Phone: <u>(503) 261-4213</u> Fax: ( ) Billing (if different): _____		<b>Analysis Requested</b>						Purchase Order Number: _____ Project Number: _____ Project Name: _____ <input type="checkbox"/> Report Instructions: <input type="checkbox"/> State Compliance Format <input type="checkbox"/> Email Final Results <input type="checkbox"/> Fax Final Results <input type="checkbox"/> Cash/Check/CC/Net 30 Other: _____		
		Lead								
Field ID	Date/Time Collected							Matrix	Comments	#Chr
1	G-S RM 14 Sink 2-10-17 6:05 AM									
2	G-S RM 14 D Fountain 11 " 6:05 AM									
3	G-S E gym Sink 11 " 6:40 AM									
4	G-S E Gym Catch Sink 11 " 6:45 AM									
5	G-S RM 12 DF 11 " 6:15 AM									
6	G-S RM 12 Sink 11 " 6:15 AM									
7	G-S RM 9 Sink 11 " 6:40 AM									
8	G-S RM 9 DF 11 " 6:40 AM									
9	G-S RM 13 Sink 11 " 6:10 AM									
10	G-S RM 13 DF 11 " 6:10 AM									
Collected By: <input type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5 Times Standard) <input checked="" type="checkbox"/> Rush (2 Times Standard) <input type="checkbox"/> Emergency (3 Times Standard) Ask About Availability		Relinquished By: <u>SE</u>	Date: <u>2-10-17</u>	Time: <u>1130</u>	Received By: <u>SW</u>	Date: <u>2/10/17</u>	Time: <u>11:30</u>	<b>Lab Use Only:</b> Client Alias: <u>Corbett Sch</u> Order Number: <u>7021007</u> <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature 4± 2°C <u>14°C</u> <input type="checkbox"/> Shipped Via: _____ Evidence of cooling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM. Please ask for a copy of conditions

## Chain of Custody Record

12423 NE Whitaker Way  
Portland, OR 97230  
Phone: (503) 254-1794 Fax: (503) 254-1452  
www.pixislabs.com

Please inform us if you know or suspect that your sample contains hazardous chemicals.

Some or all of this analyses may be subcontracted to an ORELAP accredited lab.

Company: <u>Corbett Sch Dist 39</u>		Analysis Requested					Purchase Order Number: _____					
Contact: <u>MARK Wilson</u>							Project Number: _____			Project Name: _____		
Address: <u>35800 E Hist Columbia Rte Hwy</u>		<i>lead</i>					<input type="checkbox"/> Report Instructions:					
Email: <u>M Wilson @ corbett.k12.or.us</u>							<input type="checkbox"/> State Compliance Format			<input type="checkbox"/> Email Final Results		
Phone: <u>(503) 261-4213</u> Fax: ( )							<input type="checkbox"/> Fax Final Results			<input type="checkbox"/> Cash/Check/CC/Net 30		
Billing (if different): _____							Other: _____					
Field ID		Date/Time Collected		Matrix	Comments	#Cnr						
11	GS RM 16 Sink	2-10-17	6am									
12	GS RM 16 DF	11	6am									
13	GS RM 10 Sink	11	6:30 AM									
14	GS RM 10 DF	11	6:20 AM									
15	GS RM 15 Sink	11	6:05 AM									
16	GS RM 15 DF	11	6:05 AM									
17	GS RM 8 Sink	11	6:22 AM									
18	GS RM 8 DF	11	6:22 AM									
19	GS STAFF RM Sink	11	6:51 AM									
20	GS Nurses office Sink	11	6:56 AM									
Collected By: _____		Relinquished By: _____		Date	Time	Received By: _____	Date	Time	<b>Lab Use Only:</b> Client Alias: <u>CorbettSch</u> Order Number: <u>7021007</u> <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature $4 \pm 2^{\circ}\text{C}$ <input type="checkbox"/> Shipped Via: <u>14°C</u> Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5 Times Standard) <input checked="" type="checkbox"/> Rush (2 Times Standard) <input type="checkbox"/> Emergency (3 Times Standard)				2-10-17	11:30	80	2/10/17	11:30				
Ask About Availability												

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM. Please ask for a copy of conditions

## Chain of Custody Record

12423 NE Whitaker Way  
 Portland, OR 97230  
 Phone: (503) 254-1794 Fax: (503) 254-1452  
 www.pixislabs.com

Please inform us if you know or suspect that  
 your sample contains hazardous chemicals.

Some or all of this analyses may be  
 subcontracted to an ORELAP accredited lab.

Company: <u>Corbett Sch Dist 39</u> Contact: <u>Mark Wilson</u> Address: <u>35800 E Hist Columbia RVR Hwy</u> Email: <u>M Wilson @ Corbett.k12.or.us</u> Phone: ( ) Fax: ( ) Billing (if different):		<b>Analysis Requested</b>						Purchase Order Number: _____ Project Number: _____ Project Name: _____ <input type="checkbox"/> Report Instructions: <input type="checkbox"/> State Compliance Format <input type="checkbox"/> Email Final Results <input type="checkbox"/> Fax Final Results <input type="checkbox"/> Cash/Check/CC/Net 30 Other: _____			
		Lead									
Field ID	Date/Time Collected	Matrix	Comments	#Cnr							
21	G-S Paper Rm DF 2-10-17 6:50am										
22	G-S Chiu Sink 11 11 6:53am										
23	G-S Rm 5 DF 11 11 6:31am										
24	G-S Rm 5 Sink 11 11 6:31am										
25	G-S Staff R+R Sink 11 11 6:51am										
26	G-S Rm 6 DF 11 11 6:30am										
27	G-S Rm 6 Sink 11 11 6:30am										
28	G-S Rm 2 DF 11 11 6:43am										
29	G-S Rm 2 Sink 11 11 6:43am										
30	G-S Office RR Sink 11 11 6:55am										
Collected By: <input type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5 Times Standard) <input checked="" type="checkbox"/> Rush (2 Times Standard) <input type="checkbox"/> Emergency (3 Times Standard) Ask About Availability		Relinquished By: <u>[Signature]</u>		Date: <u>2-10-17</u> Time: <u>11:30</u>		Received By: <u>[Signature]</u>		Date: <u>2/17/17</u> Time: <u>11:30</u>		<b>Lab Use Only:</b> Client Alias: <u>Corbett Sch</u> Order Number: <u>7021007</u> <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature 4± 2°C <u>14°C</u> <input type="checkbox"/> Shipped Via: _____ Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM. Please ask for a copy of conditions

## Chain of Custody Record

12423 NE Whitaker Way  
 Portland, OR 97230  
 Phone: (503) 254-1794 Fax: (503) 254-1452  
 www.pixislabs.com

Please inform us if you know or suspect that  
 your sample contains hazardous chemicals.

Some or all of this analyses may be  
 subcontracted to an ORELAP accredited lab.

Company: <u>Corbett School Dist 39</u> Contact: <u>Melvin Wilson</u> Address: <u>35800 E Historic Columbia River Hwy</u> Email: <u>mwilson@corbett.k12.or.us</u> Phone: <u>(503) 261-4213</u> Fax: <u>( )</u> Billing (if different): _____			<b>Analysis Requested</b>							Purchase Order Number: _____ Project Number: _____ Project Name: _____ <input type="checkbox"/> Report Instructions <input type="checkbox"/> State Compliance Format <input type="checkbox"/> Email Final Results <input type="checkbox"/> Fax Final Results <input type="checkbox"/> Cash/Check/CC/Net 30 Other: _____		
			Lead									
Field ID	Date/Time Collected								Matrix	Comments	#Cnr	
31 GS Paper Rm Sink	2-10-17 6:50 AM											
32 GS Rm 11 DF	2-10-17 6:25 AM											
33 GS Rm 11 Sink	2-10-17 6:25 AM											
34 GS Rm 3 Sink	11 11 6:45 AM											
35 GS Rm 3 DF	11 11 6:45 AM											
36 GS Rm 1 DF	11 11 6:39 AM											
37 GS Rm 1 Sink	11 11 6:39 AM											
38 GS Rm 7 DF	11 11 6:23 AM											
39 GS Rm 7 Sink	11 11 6:23 AM											
40 GS Rm 4 Sink	11 11 6:34 AM											
Collected By: <input type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5 Times Standard) <input checked="" type="checkbox"/> Rush (2 Times Standard) <input type="checkbox"/> Emergency (3 Times Standard) Ask About Availability		Relinquished By: <u>JS</u> Date: <u>2-10-17</u> Time: <u>11:30</u>		Received By: <u>SN</u> Date: <u>2/10/17</u> Time: <u>11:30</u>		<b>Lab Use Only:</b> Client Alias: <u>CorbettSch</u> Order Number: <u>7021007</u> <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature 4± 2°C <u>14°C</u> <input type="checkbox"/> Shipped Via: _____ Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM. Please ask for a copy of conditions

## Chain of Custody Record

12423 NE Whitaker Way  
Portland, OR 97230  
Phone: (503) 254-1794 Fax: (503) 254-1452  
www.pixislabs.com

Please inform us if you know or suspect that  
your sample contains hazardous chemicals.

Some or all of this analyses may be  
subcontracted to an ORELAP accredited lab.

Company: <u>Corbett School Dist 39</u>		Analysis Requested							Purchase Order Number: _____	
Contact: <u>MARK Wilson</u>		head							Project Number: _____	
Address: <u>35800 E HIST corbett PORTLAND</u>									Project Name: _____	
Email: <u>MWilson@corbett.k12.or.us</u>									<input type="checkbox"/> Report Instructions:	
Phone: <u>(503) 261-4212</u> Fax: ( )									<input type="checkbox"/> State Compliance Format	
Billing (if different): _____									<input type="checkbox"/> Email Final Results	
Field ID	Date/Time Collected								<input type="checkbox"/> Fax Final Results	
<u>41 GS Run 4 DIC</u>	<u>2-10-17 6:34 AM</u>								<input type="checkbox"/> Cash/Check/CC/Net 30	
									Other: _____	
Collected By:	Relinquished By:	Date	Time	Received By:	Date	Time	Lab Use Only:			
<input type="checkbox"/> Standard	<u>[Signature]</u>	<u>2-10-17</u>	<u>11:30</u>	<u>[Signature]</u>	<u>2/10/17</u>	<u>21:30</u>	Client Alias: <u>Corbett Sch</u>			
<input type="checkbox"/> Priority (1.5 Times Standard)							Order Number: <u>1021007</u>			
<input checked="" type="checkbox"/> Rush (2 Times Standard)							<input type="checkbox"/> Proper Container			
<input type="checkbox"/> Emergency (3 Times Standard)							<input type="checkbox"/> Sample Condition			
Ask About Availability							<input type="checkbox"/> Temperature $4 \pm 2^{\circ}\text{C}$ <u>14^{\circ}\text{C}</u>			
							<input type="checkbox"/> Shipped Via: _____			
							Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM. Please ask for a copy of conditions

## Chain of Custody Record

12423 NE Whitaker Way  
 Portland, OR 97230  
 Phone: (503) 254-1794 Fax: (503) 254-1452  
 www.pixislabs.com

Please inform us if you know or suspect that  
 your sample contains hazardous chemicals.

Some or all of this analyses may be  
 subcontracted to an ORELAP accredited lab.

Company: <u>Corbett School Dist 39</u> Contact: <u>MARK Wilson</u> Address: <u>35800 E Hill Columbia Rvr Hwy</u> Email: <u>mwilson@corbett.k12.or.us</u> Phone: <u>(503) 261-4213</u> Fax: ( ) Billing (if different): _____			<b>Analysis Requested</b>							Purchase Order Number: _____ Project Number: _____ Project Name: _____ <input type="checkbox"/> Report Instructions: <input type="checkbox"/> State Compliance Format <input type="checkbox"/> Email Final Results <input type="checkbox"/> Fax Final Results <input type="checkbox"/> Cash/Check/CC/Net 30 Other: _____		
Field ID	Date/Time Collected	<i>lead</i>							Matrix	Comments	#Cnr	
42	HS Bene Hon Sink	2-10-17	7:30 AM									
43	HS ART Rm Sink		7:30 AM									
44	HS 1210 Sink		7:31 AM									
45	HS Menary Sink		7:31 AM									
46	HS 1210 Bath Sink		7:31 AM									
47	HS Boys Bath Sink		8 AM									
48	HS girls Bath Sink		7:30 AM									
49	HS D Moore Sink		7:35 AM									
50	HS Drinking Fountain		8 AM									
51	HS Bath Rests Sink		7:32 AM									
Collected By: <input type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5 Times Standard) <input checked="" type="checkbox"/> Rush (2 Times Standard) <input type="checkbox"/> Emergency (3 Times Standard) Ask About Availability		Relinquished By: <u>Stev Sy</u>		Date <u>2-10-17</u>	Time <u>11:30</u>	Received By: <u>SN</u>		Date <u>2/10/17</u>	Time <u>11:30</u>	<b>Lab Use Only:</b> Client Alias: <u>CorbettSch</u> Order Number: <u>7021007</u> <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature 4± 2°C <input type="checkbox"/> Shipped Via: <u>14°C</u> Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM. Please ask for a copy of conditions

## Chain of Custody Record

12423 NE Whitaker Way  
Portland, OR 97230  
Phone: (503) 254-1794 Fax: (503) 254-1452  
www.pixislabs.com

Please inform us if you know or suspect that your sample contains hazardous chemicals.

Some or all of this analyses may be subcontracted to an ORELAP accredited lab.

Company: Corbett School Dist 39  
Contact: MARK Wilson  
Address: 35800 E 1st Columbia Rkr Hwy  
Email: M.Wilson@Corbett.k12.or.us  
Phone: (503) 241-4213 Fax: ( )  
Billing (if different): \_\_\_\_\_

### Analysis Requested

Lead

Purchase Order Number: \_\_\_\_\_  
Project Number: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
 Report Instructions:  
 State Compliance Format  
 Email Final Results  
 Fax Final Results  
 Cash/Check/CC/Net 30  
Other: \_\_\_\_\_

52

Field ID	Date/Time Collected	Matrix	Comments	#Cnt
<u>HS Staff Both next to car</u>	<u>2-10-17 8 AM</u>			

Collected By: <input type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5 Times Standard) <input checked="" type="checkbox"/> Rush (2 Times Standard) <input type="checkbox"/> Emergency (3 Times Standard) Ask About Availability	Relinquished By: <u>ST S</u>	Date <u>2-10-17</u>	Time <u>11:30</u>	Received By: <u>ST</u>	Date <u>2/10/17</u>	Time <u>11:30</u>	Lab Use Only: Client Alias: <u>CorbettSch</u> Order Number: <u>7021007</u> <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature 4± 2°C <u>14°C</u> <input type="checkbox"/> Shipped Via: _____ Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---------------------------------	------------------------	----------------------	---------------------------	------------------------	----------------------	--

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM. Please ask for a copy of conditions

## Chain of Custody Record

12423 NE Whitaker Way  
 Portland, OR 97230  
 Phone: (503) 254-1794 Fax: (503) 254-1452  
 www.pixislabs.com

Please inform us if you know or suspect that  
 your sample contains hazardous chemicals.

Some or all of this analyses may be  
 subcontracted to an ORELAP accredited lab.

Company: <u>Corbett School Dist 39</u> Contact: <u>MARK Wilson</u> Address: <u>35800 E Hst Columbia River Hwy</u> Email: <u>M.WILSON@CORBETT.K12.OR.US</u> Phone: <u>(503) 261-4213</u> Fax: <u>( )</u> Billing (if different): _____		<b>Analysis Requested</b> <div style="font-size: 2em; font-weight: bold; text-align: center; margin-top: 20px;">Lead</div>						Purchase Order Number: _____ Project Number: _____ Project Name: _____ <input type="checkbox"/> Report Instructions <input type="checkbox"/> State Compliance Format <input type="checkbox"/> Email Final Results <input type="checkbox"/> Fax Final Results <input type="checkbox"/> Cash/Check/CC/Net 30 Other: _____		
Field ID	Date/Time Collected	Matrix	Comments	#Cnr						
53 GS Cafe girls Bath Sink	2-10-17 8:30AM									
54 HS Cafe Boys Bath Sink	8:30 AM									
55 GS Cafe Boys Bath Sink	8:30 AM									
56 Snack Shack Sink	9:00 AM									
57 GS D Fountain Cafe	8 AM									
58 Science Lab eye wash	8:45 AM									
59 HS Cafe girls Bath Sink	8:30 AM									
60 Kitchen Bath Sink	8 AM									
61 HS Cafe D Fountain	8:05 AM									
62 Kitchen Hand Sink office	8:17 AM									
Collected By: <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Priority (1.5 Times Standard) <input type="checkbox"/> Rush (2 Times Standard) <input type="checkbox"/> Emergency (3 Times Standard) Ask About Availability	Relinquished By: <u>[Signature]</u>	Date: <u>2-10-17</u>	Time: <u>11:30</u>	Received By: <u>[Signature]</u>	Date: <u>2/10/17</u>	Time: <u>11:30</u>	<b>Lab Use Only:</b> Client Alias: <u>CorbettSch</u> Order Number: <u>MD21007</u> <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature 4± 2°C <u>14°C</u> <input type="checkbox"/> Shipped Via: Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM. Please ask for a copy of conditions



## Chain of Custody Record

12423 NE Whitaker Way  
 Portland, OR 97230  
 Phone: (503) 254-1794 Fax: (503) 254-1452  
 www.pixislabs.com

Please inform us if you know or suspect that  
 your sample contains hazardous chemicals.

Some or all of this analyses may be  
 subcontracted to an ORELAP accredited lab.

Company: <u>Corbett Sch Dist 39</u> Contact: <u>Mark Wilson</u> Address: <u>35800 E HST (Elmhurst</u> <u>Rink Hwy</u> Email: <u>M Wilson @ Corbett.k12.or.us</u> Phone: <u>(503) 254-4213</u> Fax: ( ) Billing (if different): _____		Analysis Requested					Purchase Order Number: _____ Project Number: _____ Project Name: _____ <input type="checkbox"/> Report Instructions: <input type="checkbox"/> State Compliance Format <input type="checkbox"/> Email Final Results <input type="checkbox"/> Fax Final Results <input type="checkbox"/> Cash/Check/CC/Net 30 Other: _____			
		lead								
	Field ID	Date/Time Collected						Matrix	Comments	#Cnr
63 Let	Sevence Sunk	2-10-17	8:50 AM							
	Wsta House Sunk		9 AM							
Collected By: <input type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5 Times Standard) <input checked="" type="checkbox"/> Rush (2 Times Standard) <input type="checkbox"/> Emergency (3 Times Standard) Ask About Availability	Relinquished By: 	Date 2-10-17	Time 11:30	Received By: 	Date 2/16/17	Time 11:30	Lab Use Only: Client Alias: <u>Corbett Sch</u> Order Number: <u>MD21007</u> <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature 4± 2°C <input type="checkbox"/> Shipped Via: <u>14°C</u> Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUBMISSION OF SAMPLES WITH TESTING REQUIREMENTS TO PIXIS WILL BE UNDERSTOOD TO BE AN AGREEMENT FOR SERVICES IN ACCORDANCE WITH THE CONDITIONS LISTED ON THE BACK OF THIS FORM. Please ask for a copy of conditions