

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



Corbett School Dist 19

Chain of Custody Record

Page 1 of 2

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 19</u> Contact: <u>MAKH URL</u> Address: <u>35800 E Historic Columbia River Hwy</u> <u>Corbett OR 97019</u> Email: <u>MWILSON@Corbett, K12.01.05</u> Phone: <u>(503) 261-4213</u> Fax: <u>(503) 665-3651</u> Billing (if different): <u>SAU</u>		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: _____					
#	Field ID	Date/Time Collected	Relinquished By:	Date	Time	Received By:	Date	Time	Matrix	Comments	#Chr
1	H5 Gym Concession Sink	9/30/16 6:30 AM	<u>Joe Saway</u>	9/30/16	9:00	<u>[Signature]</u>	9/30/16	0906			
2	H5 Front Gym Drinking Fountain	6:30 AM									
3	Gym Girls Sink #1 Left	6:30 AM									
4	" #2 Right	6:30 AM									
5	Gym Boys Sink #1 Right	6:30 AM									
6	Gym Boys Sink #2 Left	6:30 AM									
7	H5 Gym ADA Sink	6:30 AM									
8	Boys Locker Room Sink East	6:40 AM									
9	Gym Hall Drinkers Fountain	6:58 AM									
10	Science Lab Sink										
Collected By: <input type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5 Times Standard) <input type="checkbox"/> Rush (2 Times Standard) <input type="checkbox"/> Emergency (3 Times Standard)			Relinquished By:		Received By:		Date		Time		
Ask About Availability			Joe Saway		[Signature]		9/30/16		0906		
Lab Use Only:			Client Alias: <u>CORBETT SCH</u>		Order Number: <u>6093005</u>		Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Temperature 4± 2°C <u>17°C</u>		

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

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Company: <u>Corbett School Dist 39</u> Contact: <u>Mark Webb</u> Address: <u>35800 E Historic Columbia Rwy</u> <u>Corbett OR 97007</u> Email: <u>MWebb@Corbett.k12.or.us</u> Phone: <u>(503) 261-4213</u> Fax: <u>(503) 295-3641</u> Billing (if different): <u>Same</u>		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	Analysis Requested	Matrix	Comments	#Cnr		
11	girls Locker Room East #1	9/30/16 6:50am	Lead + Copper					
12	girls Locker Room East #3	6:50am						
13	girls Locker Room East #2	6:50am						
14	girls Drinking Fountain ^{upper}	6:50						
15	Boys Locker Room Sink West	7AM						
16	girls Coaches sink	6:50am						
17	girls Locker East Sink #4	6:50am						
18	weight room Drinking Fountain	7AM						
19	Boys Shower	7AM						
20	Boys Coaches sink	6:57am						
Collected By: <u>E. Song</u>		Relinquished By: _____		Date: <u>9/30/16</u>	Time: <u>9:00</u>	Received By: <u>MWJ</u>	Date: <u>9/30/16</u>	Time: <u>0906</u>
<input type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5 Times Standard) <input type="checkbox"/> Rush (2 Times Standard) <input type="checkbox"/> Emergency (3 Times Standard)		Lab Use Only: Client Alias: _____ Order Number: _____ <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature 4± 2°C <u>17°C</u> <input type="checkbox"/> Shipped Via: _____ Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Ask About Availability				

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Company: Corbett School Dist 39
 Contact: Mark Wilson
 Address: 35800 E. Historic Columbia Rv. Hwy
Corbett OR 97013
 Email: mwilson@corbett.k12.or.us
 Phone: (503) 261-4218 Fax: (503) 695-3641
 Billing (if different): _____

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

Field ID	Date/Time Collected	Analysis Requested	Received By:	Date	Time	Lab Use Only:
21 Boys Lecher Drink County	9/30/16 6:50	Lead + Copper	MWA	9/30/16	9:00	Client Alias: _____ Order Number: _____ <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature 4± 2°C 17°C <input type="checkbox"/> Shipped Via: _____ Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22 MS girls RR sink #1	7:30 AM					
23 MS girls RR sink #2	7:30 AM					
24 MS girls RR sink #3	7:30 AM					
25 MS girls RR sink #4	7:30 AM					
26 MS Boys RR sink #1	7:30 AM					
27 M Boys RR sink #2	7:30 AM					
28 MS Boys RR sink #3	7:30 AM					
29 MS Hall Dunks Counter	7:30 AM					
30 DO girls sink	7:40 AM					

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Company: <u>Corbett School Dist 39</u>		Analysis Requested		Purchase Order Number: _____	
Contact: <u>Mark Wilson</u>		Date/Time Collected		Project Number: _____	
Address: <u>35800 E. Historic Columbia By the</u>		Field ID		Project Name: _____	
City: <u>Corbett OR 97019</u>		Date		<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: _____	
Email: <u>Wilson@Corbett.k12.or.us</u>		Time		Matrix	
Phone: <u>(503) 261-4213</u> Fax: <u>(503) 695-3641</u>		Date		Comments	
Billing (if different): <u>SAME</u>		Date		#Chr	
<u>31</u>	<u>DD Mens sink</u>	<u>9/30/14</u>	<u>7:50am</u>		
<u>32</u>	<u>MS Justice Res sink</u>		<u>8am</u>		
<u>33</u>	<u>Leones sink</u>		<u>7:50</u>		
<u>34</u>	<u>MS special needs sink</u>		<u>7:50</u>		
<u>35</u>	<u>MS Rn 8 sink</u>		<u>8am</u>		
<u>36</u>	<u>copy Rn sink MS</u>		<u>7:50</u>		
<u>37</u>	<u>USLA House sink</u>		<u>8am</u>		
<u>38</u>	<u>Bus shop sink</u>		<u>8:15pm</u>		

Collected By:	Relinquished By:	Date	Time	Received By:	Date	Time	Lab Use Only:
<input type="checkbox"/> Standard <input type="checkbox"/> Priority (1.5 Times Standard) <input type="checkbox"/> Rush (2 Times Standard) <input type="checkbox"/> Emergency (3 Times Standard)	<u>St. Gregory</u>	<u>9/30/16</u>	<u>9:00</u>	<u>MAWA</u>	<u>9/30/16</u>	<u>0900</u>	Client Alias: _____ Order Number: _____ <input type="checkbox"/> Proper Container <input type="checkbox"/> Sample Condition <input type="checkbox"/> Temperature 4± 2°C <u>17°C</u> <input type="checkbox"/> Shipped Via: _____ Evidence of cooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Ask About Availability							

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