



Pace Analytical Services, LLC-Fairfield

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



Client: ALPINE LEARNING GROUP
777 PARAMUS RD
PARAMUS NJ 077657

Order ID Number: 25D1293
Collected : 04/04/2025 0:00
Received: 04/04/2025

Contact:
Client Project: ALPINE LEARNING GROUP

Report Date: 04/28/2025 9:43
Customer Service Rep: Tony Tudda

Analytical Results Summary

Sample Number Analyte	Method	Prepared	Analyzed	Result	Qual	MDL	RL	Units
25D1293-01	Drinking Water	#1-ROOM 110 DRINKING FOUNTAIN						
Total Metals								
Copper	EPA 200.8	4/16/25 3:50	4/16/25 3:50	0.119			0.00600	mg/L
Lead	EPA 200.8	4/16/25 3:50	4/16/25 3:50	< 0.00200	U		0.00200	mg/L
25D1293-02	Drinking Water	#2-ROOM 138 NURSE SINK						
Total Metals								
Copper	EPA 200.8	4/16/25 4:04	4/16/25 4:04	0.0233			0.00600	mg/L
Lead	EPA 200.8	4/16/25 4:04	4/16/25 4:04	< 0.00200	U		0.00200	mg/L
25D1293-03	Drinking Water	#3-ROOM 116 KITCHEN SINK						
Total Metals								
Copper	EPA 200.8	4/16/25 4:09	4/16/25 4:09	0.00898			0.00600	mg/L
Lead	EPA 200.8	4/16/25 4:09	4/16/25 4:09	< 0.00200	U		0.00200	mg/L
25D1293-04	Drinking Water	#4-ROOM 116 WATER XOOLER						
Total Metals								
Copper	EPA 200.8	4/16/25 4:14	4/16/25 4:14	< 0.00600	U		0.00600	mg/L
Lead	EPA 200.8	4/16/25 4:14	4/16/25 4:14	< 0.00200	U		0.00200	mg/L
25D1293-05	Drinking Water	#5-ROOM 116 COFFEE MAKER						
Total Metals								
Copper	EPA 200.8	4/16/25 4:18	4/16/25 4:18	< 0.00600	U		0.00600	mg/L
Lead	EPA 200.8	4/16/25 4:18	4/16/25 4:18	< 0.00200	U		0.00200	mg/L

Sudip Pradhan
Laboratory Director

Analytical Results Summary

Sample Number Analyte	Method	Prepared	Analyzed	Result	Qual	MDL	RL	Units
25D1293-06	Drinking Water	#6-ROOM 128 WATER FOUNTAIN						
Total Metals								
Copper	EPA 200.8	4/16/25	4:23	4/16/25	4:23	< 0.00600	U	0.00600 mg/L
Lead	EPA 200.8	4/16/25	4:23	4/16/25	4:23	< 0.00200	U	0.00200 mg/L
25D1293-07	Drinking Water	#7-ROOM 117 NORTH SINK						
Total Metals								
Copper	EPA 200.8	4/16/25	4:28	4/16/25	4:28	0.0155		0.00600 mg/L
Lead	EPA 200.8	4/16/25	4:28	4/16/25	4:28	< 0.00200	U	0.00200 mg/L
25D1293-08	Drinking Water	#8-ROOM 117 SOUTH SINK						
Total Metals								
Copper	EPA 200.8	4/16/25	4:33	4/16/25	4:33	0.0582		0.00600 mg/L
Lead	EPA 200.8	4/16/25	4:33	4/16/25	4:33	< 0.00200	U	0.00200 mg/L
25D1293-09	Drinking Water	#9-ROOM 117 REFRIGAETOR NORTH						
Total Metals								
Copper	EPA 200.8	4/16/25	4:37	4/16/25	4:37	< 0.00600	U	0.00600 mg/L
Lead	EPA 200.8	4/16/25	4:37	4/16/25	4:37	< 0.00200	U	0.00200 mg/L
25D1293-10	Drinking Water	#10-ROOM 117 REFRIERTOR SOUTH						
Total Metals								
Copper	EPA 200.8	4/16/25	4:42	4/16/25	4:42	0.00610		0.00600 mg/L
Lead	EPA 200.8	4/16/25	4:42	4/16/25	4:42	< 0.00200	U	0.00200 mg/L
25D1293-11	Drinking Water	#11-ROOM 117 COFFEE MAKER						
Total Metals								
Copper	EPA 200.8	4/16/25	4:47	4/16/25	4:47	< 0.00600	U	0.00600 mg/L
Lead	EPA 200.8	4/16/25	4:47	4/16/25	4:47	< 0.00200	U	0.00200 mg/L

FootNotes

RL - Reporting limit
MDL - Minimum detection limit
ND, U - Indicates compound analyzed for but not detected
J - Indicates estimated value

B - Indicates compound found in associated blank
E - Concentration exceeds highest calibration standard
D - Indicates result is based on a dilution
P - Greater than 25% diff. between 2 GC columns
H - Indicates a Hold Time violation
D1 - Sample was Decanted (Dissolved)

Sudip Pradhan
Laboratory Director



Pace® Location Requested (City/State):		CHAIN-OF-CUSTODY Analytical Request Document Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields		LAB USE ONLY- Affix Workorder/Login Label Here <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> 25D1293 One Time Client Lead and Copper / ALPINE LEARNING GR </div> </div>																															
Company Name: ALPINE LEARNING GROUP Street Address: 777 Paramus Rd Paramus NJ 07652		Contact/Report To: ROBERT VOORHIS Phone #: 201-873-6760 E-Mail: rvoorhis@alpinelearninggroup.org Cc E-Mail:		<div style="display: flex; align-items: center;"> <div style="flex: 1;"> Specify Container Size <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td></tr> </table> </div> <div style="flex: 1;"> Identify Container Preservative Type*** <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td></tr> </table> </div> <div style="flex: 1;"> Analysis Requested <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td><td style="width:10%; height: 20px;"></td></tr> </table> </div> </div>																															
Customer Project #:		Invoice To: ALPINE LEARNING GROUP Invoice E-Mail: j.matros@alpinelearninggroup.org Purchase Order # (if applicable): Quote #:																																	
Project Name: 2025 LEAD TESTING		County / State origin of sample(s):																																	
Site Collection Info/Facility ID (as applicable):		Time Zone Collected: [] AK [] PT [] MT [] CT [] ET																																	
Data Deliverables: [] Level II [] Level III [] Level IV [] EQUIS [] Other		Regulatory Program (DW, RCRA, etc.) as applicable: Reportable [] Yes [] No <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Rush (Pre-approval required): [] Same Day [] 1 Day [] 2 Day [] 3 Day [] Other _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> Date Results Requested: </div> <div> Field Filtered (if applicable): [] Yes [] No Analysis: </div> </div>																																	
* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Waste Water (WW), Product (P), Soil/Solid (SS), Oil (OL), Wipe (WP), Tissue (TS), Bioassay (B), Vapor (V), Surface Water (SW), Sediment (SED), Sludge (SL), Caulk (CK), Leachate (LL), Biosolid (BS), Other (OT)																																			
Customer Sample ID		Matrix *	Comp / Grab	Composite Start		Collected or Composite End		# Cont.	Res. Chlorine		Lab Use Only Proj. Mgr: AcctNum / Client ID: Table #: Profile / Template: Prelog / Bottle Ord. ID: Sample Comment																								
				Date	Time	Date	Time		Results	Units																									
#1 Room 110 Drinking Fountain																																			
#2 Room 138 Nurse Sink																																			
#3 Room 116 Kitchen Sink																																			
#4 Room 116 Water Cooler																																			
#5 Room 116 Coffee Maker																																			
#6 Room 128 Water Fountain																																			
#7 Room 117 North Sink																																			
#8 Room 117 South Sink																																			
#9 Room 117 Refrigerator North																																			
#10 Room 117 Refrigerator South																																			
Additional Instructions from Pace®:				Collected By: (Printed Name) Signature:		Customer Remarks / Special Conditions / Possible Hazards: <div style="display: flex; justify-content: space-between; font-size: small;"> <div># Coolers: 1</div> <div>Thermometer ID: 715005</div> <div>Correction Factor (°C): 0</div> <div>Obs. Temp. (°C): 20.0</div> <div>Corrected Temp. (°C): 20.0</div> <div>On Ice:</div> </div>																													
Relinquished by/Company: (Signature)		Date/Time: 4/4/25 12:20		Received by/Company: (Signature)				Date/Time: 4/4/25 12:20		Tracking Number:																									
Relinquished by/Company: (Signature)		Date/Time:		Received by/Company: (Signature)				Date/Time:		Delivered by: [] In-Person [] Courier																									
Relinquished by/Company: (Signature)		Date/Time:		Received by/Company: (Signature)				Date/Time:		[] FedEx [] UPS [] Other																									
Relinquished by/Company: (Signature)		Date/Time:		Received by/Company: (Signature)				Date/Time:		Page: of																									

Sample Condition Upon Receipt Form (SCUR)



Affix Sample Label Here

Date and In: **25D1293**
Examining cont: _____
Label: _____
Deliver to location: _____
PH: _____

Thermometer Used: 7005

Date: 4/14/25

Time: 12:30

Initials: HR

State of Origin: ES

Cooler #1 Temp: °C 2.6 (Musual) 6 (Correction Factor) 2.0 (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	<u>No Analysis For Samples</u>
Chain of Custody Filled Out	<input 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 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 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 checked="" 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: _____
All Containers needing preservation are found to be in compliance with EPA recommendation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Lot #/Trace #: _____
Exceptions: Vials, Microbiology, O&G, Metals		Date: _____ Time: _____
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:

226823

Client notification/ Resolution

Person Contacted:

Date/Time:

Comments/Resolution: