

POTABLE WATER SAMPLING FOR LEAD CONCENTRATION SAMPLE COLLECTION FORM

CLIENT INFORMATION

Name: NEW YORK CITY DEPARTMENT OF EDUCATION	
Address: 44-36 Vernon Boulevard, Long Island City, NY 11101	
Client Rep: Mr. Mohamed Hemida	W.O. No.

CONSULTANT INFORMATION

Name:	
Address:	
Project Manager:	Project No.:
Inspector:	Field Tech.:

PROJECT INFORMATION

BLDG ID:	BLDG No./Name:	BLDG Address:						
GEO. DIST.	JUR. DIST.	Sq. Ft. (000):	(0) Year Built	(1) Year 1 st Add.	(2) Year 2 nd Add.	(3) Year 1 st Mod.	(4) Year 2 nd Mod.	DATE OF SAMPLING:

SAMPLE DATA

Sample Description/ID (ID must match container label)						OUTLET INFORMATION				CONTAINER INFO.		SAMPLE TYPE		Length of Flush	Time of Collection	Lead Conc. (ppb)
Floor	Functional Space Code	IN/BY	Room No.	Construction Code	Sample /Outlet Code	Type (Enter Code)	MFS/ Model	Serial #	Date of Installation	Size	#	Preservatives	Initial			
										250 ml		HNO ₃				
										250 ml		HNO ₃				
										250 ml		HNO ₃				
										250 ml		HNO ₃				
										250 ml		HNO ₃				

CHAIN OF CUSTODY

Relinquished By:	Received By:	Date:	Time:
I.			
II.			
III.			

LABORATORY INFORMATION

Lab Name:	Date:	Time:	Method of Analysis:
Analyzed By:			
QC By:			
Method of shipment/delivery: <input type="checkbox"/> US Mail <input type="checkbox"/> UPS <input type="checkbox"/> Fed-Ex <input type="checkbox"/> Courier			
<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Other:			

INSTRUCTIONS TO THE LABORATORY

Turnaround Time	<input type="checkbox"/> Analyze follow-up sample(s) ONLY when initial sample exceeds 20ppb	Report Results ASAP To:
<input type="checkbox"/> RUSH <input type="checkbox"/> 24 HOUR <input type="checkbox"/> 48 Hour	<input type="checkbox"/> Analyze both initial and follow up samples	<input type="checkbox"/> Phone <input type="checkbox"/> Fax: 718-383-7780
<input type="checkbox"/> OTHER:	<input type="checkbox"/> Other:	<input type="checkbox"/> Email: andreas@precision-enviro.com <input type="checkbox"/> Mail report to above address
Comments:		

CODES REFERENCE TABLES

Table 1.
OUTLET/ PLUMBING/ SAMPLE CODE

CODE	TYPE OF OUTLET OR PLUMBING	INITIAL SCREENING (1 ST DRAW) SAMPLE	FOLLOW-UP SAMPLES
S	Service Connection to Distribution Main	1S	1M
A	Bubblers Without Central Chiller	1A	2A
B	Bubbles with Central Chiller	1B	2B
-	Central Chiller Unit	-	3B, 4B
C	Water Cooler	1C	2C, 3C, 4C
D	Bottled Water Dispensers	1D	2D
E	Ice Making Machines	1E	2E
F	Water Faucets (Tap)	1F	2F
Interior Plumbing			
G	Laterals	-	1G
H	Headers	-	1H
I	Loops	-	1I
J	Risers	-	1J

Table 2.
FUNCTIONAL SPACE CODE

CODE	FUNCTIONAL SPACE
KI	Kitchen
GY	Gymnasium
CF	Cafeteria
TC	Teachers' Cafeteria
BC	Boys' Cafeteria
GC	Girls' Cafeteria
CR	Classroom
HA	Hallway
BR	Bathroom
GB	Girls' Bathroom
BB	Boys' Bathroom
RM	Room
OF	Office
LB	Laboratory
LI	Library
MO	Medical Office
BO	Boiler Room
LR	Locker Room
NM	Natatorium
WP	Water Meter/Pump Room
SS	Slop Sink

Table 3.
FLOOR CODE

CODE	FLOOR
SB	Sub Basement
BS	Basement
MZ	Mezzanine
01	1 st Floor
02	2 nd Floor
03	3 rd Floor
04	4 th Floor,etc.

Table 4.
CONSTRUCTION DATE CODE

CODE	CONSTRUCTION
0	Original Construction
1	1 st Addition
2	2 nd Addition
3	1 st Modernization
4	2 nd Modernization

COMMENTS/OBSERVATIONS:
