

NEW JERSEY LAB ID#:20012 : NEW YORK LAB ID#: 11376

**GC/MS VOA CONFORMANCE/NON-CONFORMANCE SUMMARY**

CHEMTECH PROJECT NUMBER: \_\_\_\_\_

SequenceID : _____	NA	NO	YES
1. Chromatograms Labeled/Compounds Identified. (Field samples and Method Blanks)	_____	_____	_____
2. GC/MS Tuning Specifications. BFB Meet Criteria (NOTE THAT THERE ARE DIFFERENT CRITERIA FOR NY ASP CLP, CLP AND NJ)	_____	_____	_____
3. GC/MS Tuning Frequency - Performed every 24 hours for 600 series and 12 hours for 8000 series	_____	_____	_____
4. GC/MS Calibration - Initial Calibration performed before sample analysis and continuing calibration performed within 24 hours of sample analysis for 600 series and 12 hours for 8000 series	_____	_____	_____
5. GC/MS Calibration Requirements	_____	_____	_____
5a. Initial Calibration Meet Criteria If not met, list those compounds and their recoveries which fall outside the acceptable ranges.	_____	_____	_____
<hr/>			
5b. Continuous Calibration(CCC) Meet Criteria If not met, list those compounds and their recoveries which fall outside the acceptable ranges.	_____	_____	_____
<hr/>			
6. Blank Contamination - If yes, list compounds and concentrations in each blank:	_____	_____	_____
<hr/>			
7. Surrogate Recoveries Meet Criteria If not met, list those compounds and their recoveries which fall outside the acceptable ranges.	_____	_____	_____
<hr/>			
8a. Matrix Spike/Matrix Spike Duplicate Recoveries Meet Criteria If not met, list those compounds and their recoveries which fall outside the acceptable range.	_____	_____	_____
<hr/>			
8b. Blank Spike/Blank spike Duplicate Recoveries Meet Criteria If not met, list those compounds and their recoveries which fall outside the acceptable range.	_____	_____	_____
<hr/>			
9. Internal Standard Area/Retention Time Shift Meet Criteria	_____	_____	_____
Comments:			

\_\_\_\_\_  
Analyst

\_\_\_\_\_  
Date



284 Sheffield Street, Mountainside, New Jersey 07092, Phone : 908 789 8900,  
Fax : 908 789 8922

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NA

NO

YES

10. Analysis Holding Time Met

If not met, list number of days exceeded for each sample:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_  
Analyst

\_\_\_\_\_  
Date



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NA

NO

YES

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Analyst

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Date