

DATA PACKAGE

GENERAL CHEMISTRY

PROJECT NAME : MONTHLY 2025

ARAMARK UNIFORMS

740 Frelinghuysen Ave.

Newark, NJ - 07114-

Phone No: 973-824-1101

ORDER ID : Q2300

ATTENTION : Jose Liceaga



Laboratory Certification ID # 20012



| | |
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Cover Page

Order ID : Q2300

Project ID : Monthly 2025

Client : Aramark Uniforms

Lab Sample Number

Q2300-01
Q2300-02

Client Sample Number

GRAB
COMP

I certify that the data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. Release of the data contained in this hard copy data package has been authorized by the laboratory manager or his designee, as verified by the following signature.

Signature : _____

Date: 6/17/2025

NYDOH CERTIFICATION NO - 11376

NJDEP CERTIFICATION NO - 20012



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

CASE NARRATIVE

Aramark Uniforms

Project Name: Monthly 2025

Project # N/A

Order ID # Q2300

Test Name: BOD5,TPH,TSS

A. Number of Samples and Date of Receipt:

2 Water samples were received on 06/11/2025.

B. Parameters:

According to the Chain of Custody document, the following analyses were requested: BOD5, TPH and TSS. This data package contains results for BOD5,TPH,TSS.

C. Analytical Techniques:

The analysis of TPH was based on method 1664A, The analysis of TSS was based on method SM2540 D and The analysis of BOD5 was based on method SM5210 B.

D. QA/ QC Samples:

The Holding Times were met for all analysis.

The Blank Spike met requirements for all samples.

The Duplicate analysis met criteria for all samples.

The Blank analysis did not indicate the presence of lab contamination.

The Calibration met the requirements.

E. Additional Comments:

As per method 1664A, MS/MSD is required to be performed with the sample analysis. However, Lab did not receive sufficient volume to perform the MS/MSD therefore MS/MSD were not performed for this project.

I certify that the data package is in compliance with the terms and conditions of the contract, both technically and for completeness, for other than the conditions detailed above. The laboratory manager or his designee, as verified by the following signature has authorized release of the data contained in this hard copy data package.

Signature_____

DATA REPORTING QUALIFIERS- INORGANIC

For reporting results, the following “ Results Qualifiers” are used:

| | |
|-----------|---|
| J | Indicates the reported value was obtained from a reading that was less than the Contract Required Detection Limit (CRDL), but greater than or equal to the Instrument Detection Limit (IDL). |
| U | Indicates the analyte was analyzed for, but not detected. |
| ND | Indicates the analyte was analyzed for, but not detected |
| E | Indicates the reported value is estimated because of the presence of interference |
| M | Indicates Duplicate injection precision not met. |
| N | Indicates the spiked sample recovery is not within control limits. |
| S | Indicates the reported value was determined by the Method of Standard Addition (MSA). |
| * | Indicates that the duplicate analysis is not within control limits. |
| + | Indicates the correlation coefficient for the MSA is less than 0.995. |
| D | Indicates the reported value is from a secondary analysis with a dilution factor. The original analysis exceeded the calibration range. |
| M | Method qualifiers “P” for ICP instrument “PM” for ICP when Microwave Digestion is used “CV” for Manual Cold Vapor AA “AV” for automated Cold Vapor AA “CA” for MIDI-Distillation Spectrophotometric “AS” for Semi -Automated Spectrophotometric “C” for Manual Spectrophotometric “T” for Titrimetric “NR” for analyte not required to be analyzed |
| OR | Indicates the analyte’s concentration exceeds the calibrated range of the instrument for that specific analysis. |
| Q | Indicates the LCS did not meet the control limits requirements |
| H | Sample Analysis Out Of Hold Time |

APPENDIX A

QA REVIEW GENERAL DOCUMENTATION

Project #: Q2300

Completed

For thorough review, the report must have the following:

GENERAL:

Are all original paperwork present (chain of custody, record of communication,airbill, sample management lab chronicle, login page)

✓

Check chain-of-custody for proper relinquish/return of samples

✓

Is the chain of custody signed and complete

✓

Check internal chain-of-custody for proper relinquish/return of samples /sample extracts

✓

Collect information for each project id from server. Were all requirements followed

✓

COVER PAGE:

Do numbers of samples correspond to the number of samples in the Chain of Custody on login page

✓

Do lab numbers and client Ids on cover page agree with the Chain of Custody

✓

CHAIN OF CUSTODY:

Do requested analyses on Chain of Custody agree with form I results

✓

Do requested analyses on Chain of Custody agree with the log-in page

✓

Were the correct method log-in for analysis according to the Analytical Request and Chain of Custody

✓

Were the samples received within hold time

✓

Were any problems found with the samples at arrival recorded in the Sample Management Laboratory Chronicle

✓

ANALYTICAL:

Was method requirement followed?

✓

Was client requirement followed?

✓

Does the case narrative summarize all QC failure?

✓

All runlogs and manual integration are reviewed for requirements

✓

All manual calculations and /or hand notations verified

✓

QA Review Signature: SOHIL JODHANI

Date: 06/17/2025



SAMPLE DATA

Report of Analysis

| | | | |
|-------------------|------------------|-----------------|----------------|
| Client: | Aramark Uniforms | Date Collected: | 06/11/25 11:28 |
| Project: | Monthly 2025 | Date Received: | 06/11/25 |
| Client Sample ID: | GRAB | SDG No.: | Q2300 |
| Lab Sample ID: | Q2300-01 | Matrix: | WATER |
| | | % Solid: | 0 |

| Parameter | Conc. | Qua. | DF | MDL | LOQ / CRQL | Units | Prep Date | Date Ana. | Ana Met. |
|-----------|-------|------|----|------|------------|-------|-----------|----------------|----------|
| TPH | 132 | | 1 | 0.29 | 5.00 | mg/L | | 06/13/25 09:30 | 1664A |

Comments: _____

U = Not Detected
 LOQ = Limit of Quantitation
 MDL = Method Detection Limit
 LOD = Limit of Detection
 D = Dilution
 Q = indicates LCS control criteria did not meet requirements
 H = Sample Analysis Out Of Hold Time

J = Estimated Value
 B = Analyte Found in Associated Method Blank
 * = indicates the duplicate analysis is not within control limits.
 E = Indicates the reported value is estimated because of the presence of interference.
 OR = Over Range
 N =Spiked sample recovery not within control limits

Report of Analysis

| | | | |
|-------------------|------------------|-----------------|----------------|
| Client: | Aramark Uniforms | Date Collected: | 06/11/25 11:30 |
| Project: | Monthly 2025 | Date Received: | 06/11/25 |
| Client Sample ID: | COMP | SDG No.: | Q2300 |
| Lab Sample ID: | Q2300-02 | Matrix: | WATER |
| | | % Solid: | 0 |

| Parameter | Conc. | Qua. | DF | MDL | LOQ / CRQL | Units | Prep Date | Date Ana. | Ana Met. |
|-----------|-------|------|----|------|------------|-------|-----------|----------------|--------------|
| BOD5 | 1940 | | 1 | 0.20 | 2.00 | mg/L | | 06/12/25 16:30 | SM 5210 B-16 |
| TSS | 809 | | 1 | 1.00 | 4.00 | mg/L | | 06/13/25 10:00 | SM 2540 D-15 |

Comments: _____

U = Not Detected
 LOQ = Limit of Quantitation
 MDL = Method Detection Limit
 LOD = Limit of Detection
 D = Dilution
 Q = indicates LCS control criteria did not meet requirements
 H = Sample Analysis Out Of Hold Time

J = Estimated Value
 B = Analyte Found in Associated Method Blank
 * = indicates the duplicate analysis is not within control limits.
 E = Indicates the reported value is estimated because of the presence of interference.
 OR = Over Range
 N = Spiked sample recovery not within control limits

LAB CHRONICLE

| | | | |
|-----------------|------------------|-------------------|-----------------------|
| OrderID: | Q2300 | OrderDate: | 6/12/2025 12:07:00 PM |
| Client: | Aramark Uniforms | Project: | Monthly 2025 |
| Contact: | Jose Liceaga | Location: | D41 |

| LabID | ClientID | Matrix | Test | Method | Sample Date | Prep Date | Anal Date | Received |
|-----------------|-------------|--------------|------|----------|---------------------------|-----------|-------------------|-----------------|
| Q2300-01 | GRAB | WATER | | | 06/11/25 11:28 | | | 06/11/25 |
| | | | TPH | 1664A | | | 06/13/25 09:30 | |
| Q2300-02 | COMP | WATER | | | 06/11/25 11:30 | | | 06/11/25 |
| | | | BOD5 | SM5210 B | | | 06/12/25 16:30 | |
| | | | TSS | SM2540 D | | | 06/13/25 10:00 | |



SHIPPING DOCUMENTS

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:
COMPANY: Aramark Uniforms
ADDRESS: 740 Frelinghuysen AVE
CITY Newark STATE: N.J. ZIP: 07114
ATTENTION: Jarrod Mills
PHONE: _____ FAX: _____

PROJECT NAME: Monthly
PROJECT NO.: _____ LOCATION: _____
PROJECT MANAGER: _____
e-mail: _____
PHONE: _____ FAX: _____

BILL TO: _____ PO#: _____
ADDRESS: _____
CITY Camden STATE: _____ ZIP: _____
ATTENTION: _____ PHONE: _____

ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX (RUSH) _____ DAYS*
HARDCOPY (DATA PACKAGE): _____ DAYS*
EDD: _____ DAYS*

☐ Level 1 (Results Only) ☐ Level 4 (QC + Full Raw Data)
☐ Level 2 (Results + QC) ☐ NJ Reduced ☐ US EPA CLP
☐ Level 3 (Results + QC) ☐ NYS ASP A ☐ NYS ASP B
+ Raw Data ☐ Other _____
☐ EDD FORMAT _____

*TO BE APPROVED BY CHEMTECH

STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

BOD5, TSS
TPH
1 2 3 4 5 6 7 8 9

PRESERVATIVES

COMMENTS

| ALLIANCE SAMPLE ID | PROJECT SAMPLE IDENTIFICATION | SAMPLE MATRIX | SAMPLE TYPE | | SAMPLE COLLECTION | | # OF BOTTLES | PRESERVATIVES | | | | | | | | | COMMENTS | |
|--------------------------|----------------------------------|------------------|----------------|------|----------------------|-------|--------------|---------------|---|---|---|---|---|---|---|---|----------|--|
| | | | COMP | GRAB | DATE | TIME | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | |
| 1. | Comp | 1Q | X | | 6-11-25 | 11:30 | 2 | X | | | | | | | | | | |
| 2. | GRAB | I | | X | 6-11-25 | 11:28 | 1 | | X | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | |

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY

| | | | |
|---|---|---------------------------------------|---|
| RELINQUISHED BY SAMPLER: 1. <u>[Signature]</u> | DATE/TIME: <u>11:32</u> <u>6-11-2025</u> | RECEIVED BY: 1. <u>[Signature]</u> | Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input checked="" type="checkbox"/> COOLER TEMP <u>2-9°C</u> |
| RELINQUISHED BY SAMPLER: 2. <u>[Signature]</u> | DATE/TIME: _____ | RECEIVED BY: 2. _____ | Comments: _____ |
| RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u> | DATE/TIME: <u>1745</u> <u>6-11-2025</u> | RECEIVED BY: 3. <u>[Signature]</u> | Page _____ of _____ |

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO

Laboratory Certification

| Certified By | License No. |
|----------------------|------------------|
| | |
| CAS EPA CLP Contract | 68HERH20D0011 |
| | |
| Connecticut | PH-0830 |
| | |
| DOD ELAP (ANAB) | L2219 |
| | |
| Maine | 2024021 |
| | |
| Maryland | 296 |
| | |
| New Hampshire | 255424 Rev 1 |
| | |
| New Jersey | 20012 |
| | |
| New York | 11376 |
| | |
| Pennsylvania | 68-00548 |
| | |
| Soil Permit | 525-24-234-08441 |
| | |
| Texas | T104704488 |