

Comments:

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

GC ANALYSIS CONFORMANCE/NON-CONFORMANCE SUMMARY

ORDER ID: Q2879 MATRIX: Solid				
METH	HOD: 8082A/3541			
4		NA	NO	YES
1.	Chromatograms Labeled/Compounds Identified.			✓
2.	Standard Summary Submitted.			\checkmark
3.	Calibration - Initial Calibration performed within 30 days before sample analysis and continuing calibration performed within 24 hours of sample analysis, 12 HOURS IF 8000 SERIES METHOD.			✓
	The Initial Calibration met the requirements.			
	The Continuous Calibration File ID PP074439.D met the requirements except for Tetrachloro-m-xylene is failing in 2nd column but passing in 1st column therefore no corrective action taken.			
	The Continuous Calibration File ID PP074453.D met the requirements except for Tetrachloro-m-xylene is failing in 2nd column but passing in 1st column therefore no corrective action taken.			
4.	Blank Contamination - If yes, list compounds and concentrations in each blank:		✓	
5.	Surrogate Recoveries Meet Criteria			✓
	If not met, list those compounds and their recoveries which fall outside the acceptable ranges.			
6.	Matrix Spike/Matrix Spike Duplicate Recoveries Meet Criteria		✓	
	If not met, list those compounds and their recoveries which fall outside the acceptable range.			
	The MS recoveries met the requirements for all compounds. The MSD recoveries met the requirements for all compounds. The Blank Spike met requirements for all compounds. The RPD were met for all analysis.			
7.	Retention Time Shift Meet Criteria (if applicable)			✓



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GC ANALYSIS CONFORMANCE/NON-CONFORMANCE SUMMARY (CONTINUED)

		NA	NO	YES
8.	Extraction Holding Time Met			✓
	If not met, list number of days exceeded for each sample:			
9.	Analysis Holding Time Met			✓
	If not met, list those compounds and their recoveries which fall outside the acceptable range.			
ADDIT	IONAL COMMENTS:			
The not	QT review data is reported in the Miscellaneous.			
The soil	I samples results are based on a dry weight basis.			
QA RE	VIEW Date			