

## **DATA PACKAGE**

GENERAL CHEMISTRY

**PROJECT NAME : MONTHLY 2025**

**ARAMARK UNIFORMS**

**740 Frelinghuysen Ave.**

**Newark, NJ - 07114-**

**Phone No: 973-824-1101**

**ORDER ID : Q3007**

**ATTENTION : Jarrod Mills**



**Laboratory Certification ID # 20012**



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## Cover Page

**Order ID :** Q3007

**Project ID :** Monthly 2025

**Client :** Aramark Uniforms

**Lab Sample Number**

Q3007-01  
Q3007-02

**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: 9/11/2025

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 # Q3007**

**Test Name: BOD5,TPH,TSS**

### **A. Number of Samples and Date of Receipt:**

2 Water samples were received on 09/03/2025.

### **B. Parameters:**

According to the Chain of Custody document, the following analyses were requested: BOD5,TPH,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 compounds.

The Duplicate analysis met criteria for all compounds.

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.

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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:

<b>J</b>	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).
<b>U</b>	Indicates the analyte was analyzed for, but not detected.
<b>ND</b>	Indicates the analyte was analyzed for, but not detected
<b>E</b>	Indicates the reported value is estimated because of the presence of interference
<b>M</b>	Indicates Duplicate injection precision not met.
<b>N</b>	Indicates the spiked sample recovery is not within control limits.
<b>S</b>	Indicates the reported value was determined by the Method of Standard Addition (MSA).
<b>*</b>	Indicates that the duplicate analysis is not within control limits.
<b>+</b>	Indicates the correlation coefficient for the MSA is less than 0.995.
<b>D</b>	Indicates the reported value is from a secondary analysis with a dilution factor. The original analysis exceeded the calibration range.
<b>M</b>	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
<b>OR</b>	Indicates the analyte’s concentration exceeds the calibrated range of the instrument for that specific analysis.
<b>Q</b>	Indicates the LCS did not meet the control limits requirements
<b>H</b>	Sample Analysis Out Of Hold Time

## APPENDIX A

### QA REVIEW GENERAL DOCUMENTATION

Project #: Q3007

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 Castody

✓

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: 09/11/2025



# SAMPLE DATA

## Report of Analysis

Client:	Aramark Uniforms	Date Collected:	09/03/25 10:10
Project:	Monthly 2025	Date Received:	09/03/25
Client Sample ID:	Grab	SDG No.:	Q3007
Lab Sample ID:	Q3007-01	Matrix:	WATER
		% Solid:	0

Parameter	Conc.	Qua.	DF	MDL	LOQ / CRQL	Units	Prep Date	Date Ana.	Ana Met.
TPH	15.6		1	0.29	5.00	mg/L		09/05/25 09:47	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:	09/03/25 10:12
Project:	Monthly 2025	Date Received:	09/03/25
Client Sample ID:	Comp	SDG No.:	Q3007
Lab Sample ID:	Q3007-02	Matrix:	WATER
		% Solid:	0

Parameter	Conc.	Qua.	DF	MDL	LOQ / CRQL	Units	Prep Date	Date Ana.	Ana Met.
BOD5	846		1	0.20	2.00	mg/L		09/05/25 09:50	SM 5210 B-16
TSS	228		1	1.00	4.00	mg/L		09/08/25 14:00	SM 2540 D-20

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

<b>OrderID:</b>	Q3007	<b>OrderDate:</b>	9/3/2025 10:20:00 AM
<b>Client:</b>	Aramark Uniforms	<b>Project:</b>	Monthly 2025
<b>Contact:</b>	Jarrod Mills	<b>Location:</b>	J42

LabID	ClientID	Matrix	Test	Method	Sample Date	Prep Date	Anal Date	Received
Q3007-01	Grab	WATER			09/03/25 10:10			09/03/25
			TPH	1664A			09/05/25 09:47	
Q3007-02	Comp	WATER			09/03/25 10:12			09/03/25
			BOD5	SM5210 B			09/05/25 09:50	
			TSS	SM2540 D			09/08/25 14:00	



# 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: **NJ** ZIP: **07114**  
ATTENTION: **Jarrod Mills**  
PHONE: **973-824-1101** FAX:

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

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

ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX (RUSH) \_\_\_\_\_ DAYS\*  
HARDCOPY (DATA PACKAGE): \_\_\_\_\_ DAYS\*  
EDD: \_\_\_\_\_ DAYS\*  
\*TO BE APPROVED BY CHEMTECH  
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

☐ 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 \_\_\_\_\_

1 2 3 4 5 6 7 8 9  
**IP# BOD5 TSS**

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.	<b>Grab Comp</b>	<b>W</b>		<input checked="" type="checkbox"/>	<b>9-3-25</b>	<b>1010</b>	<b>1</b>	<input checked="" type="checkbox"/>									
2.		<b>W</b>	<input checked="" type="checkbox"/>		<b>9-3-25</b>	<b>1012</b>	<b>1</b>		<input checked="" type="checkbox"/>								
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

← Specify Preservatives  
A-HCl D-NaOH  
B-HNO3 E-ICE  
C-H2SO4 F-OTHER

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

RELINQUISHED BY SAMPLER: 1. <b>[Signature]</b> <b>9-3-25</b>	DATE/TIME: <b>1013</b>	RECEIVED BY: 1. <b>[Signature]</b> <b>9-3-25</b>	Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP <b>3.1</b> °C
RELINQUISHED BY SAMPLER: 2. <b>[Signature]</b>	DATE/TIME:	RECEIVED BY: 2. <b>[Signature]</b>	Comments:
RELINQUISHED BY SAMPLER: 3. <b>[Signature]</b>	DATE/TIME: <b>9-3-25</b>	RECEIVED BY: 3. <b>[Signature]</b>	Page ____ of ____ CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO

### Laboratory Certification

Certified By	License No.
Connecticut	PH-0830
DOD ELAP (ANAB)	L2219
Maine	2024021
Maryland	296
New Hampshire	255425
New Jersey	20012
New York	11376
Pennsylvania	68-00548
Soil Permit	525-24-234-08441
Texas	TX-C25-00189
Virginia	460312