

## **APPENDIX D**

### **Quality Control (Data Validation Reports) and Corrections**

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Actus Hickam  
Project Number: 100-SFO-T26434-02

Laboratory Used: Torrent Labs  
Lab Project Number: 1008130

Sample Matrix: Soil  
Checked By/On: Mark Duffy / 9-7-10

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
8081	401934	22	Y	SOME outside (MS/MSD)	OK	MS/MSD outside recovery limit	OK
SW8081A	401946	22	Y	OK	OK	MS/MSD outside recovery limit	OK
Date	Issues and Actions Taken						
8/26/10	* Batch 401934 had MS/MSD spikes that were not reportable/recoverable. original sample required greater than 10x dilution. Surrogates were diluted out. No corrective action required.						
	* Batch 401946: % recoveries for heptachlor in MSD and aldrin, Dieldrin, and 4,4'-DDT in the MS and MSD are outside lab control limits. No corrective action required.						

10/20/10 Samples EAR-RA-42f-12 and .244-12 say 9/23 as opposed to 8/13. Where is the COC then, as it currently says received on 8/17  
11/1 sample dates were revised, all MS/MSD ranges are OK. report is in attached

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: SAME AS      Laboratory Used: OTHER SIDE      Sample Matrix: \_\_\_\_\_  
 Project Number: \_\_\_\_\_      Lab Project Number: \_\_\_\_\_      Checked By/On: \_\_\_\_\_

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	_____	<u>X</u>	_____
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	_____	<u>X</u>	_____
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	_____	<u>X</u>	_____
Is the CC/RA complete and signed off as appropriate?	_____	<u>X</u>	_____
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	_____	<u>X</u>	_____
Were any problems noted by the laboratory on the CC/RA? What? _____	_____	_____	<u>X</u>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	_____	<u>X</u>	_____
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	_____	<u>X</u>	_____
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	_____	<u>X</u>	_____
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	_____	_____	<u>X</u>
Was a project narrative available and read?	_____	<u>X</u>	_____
Were any problems noted in the narrative? Describe <u>Some MS MSD outside lab control limits.</u>	_____	<u>X</u>	_____
Were method numbers, matrices, units and reporting limits indicated and appropriate?	_____	<u>X</u>	_____
Was all other report heading information accurate?	_____	<u>X</u>	_____
Were all field duplicates within relative percent difference (RPD) control limits?	_____	<u>X</u>	_____
Were all results for field, rinsate and trip blanks ND?	_____	<u>X</u>	_____





## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
Project Number: T26434.02

Laboratory Used: Torrey  
Lab Project Number: 100815.3 Rev 1

Sample Matrix: Soil  
Checked By/On: JL 13 Sept 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SUBSRIA	401940 <sup>0896</sup>	2 - 2	✓	limits exceeded	✓	missing	✓
	401956 <sup>0897</sup>	16 - 16	✓	all diluted	✓	Some outside limits	✓
	401958	4 - 5	✓	all diluted	missing	missing	missing
Date	Issues and Actions Taken						
13 Sept 2010	Time for sample EARZ-RA-43a-06-1 reported as 13:30 in report but 14:30 on CC. Lab ID 11A						
13 Sept 2010	Missing MS/MSD for batches 401940 and 401958						
13 Sept 2010	Missing MB and LCS for batch 401958						
11/1/10	Lab revised report so that sample time error on CoC is mentioned in the case narrative - report OK						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RAP Soil Sampling  
 Project Number: 726434.02

Laboratory Used: Torrey  
 Lab Project Number: 1008153 Rev 1

Sample Matrix: Soil  
 Checked By/On: JK 13 Sept, 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was the report signed <del>and each report page stamped with the TETRA TECH "Date Received..." stamp?</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Actus Hickam  
Project Number: 100-SFO-T26434-02

Laboratory Used: Torrent Labs  
Lab Project Number: 1008164

Sample Matrix: Soil  
Checked By/On: MARK DUFFY  
9-7-10

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402000	38	Y	OK	OK	some MSD outside % recoveries	OK
Date	Issues and Actions Taken						
8-31-10	* Batch ID 402000 : MSD for Dieldrin outside 1/2 recoveries and MS/MSD for 4,4 DDT are outside 1/2 recoveries for lab control limits, but within 1/2 RPD limits No corrective action required.						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: SAME AS Laboratory Used: Other Side Sample Matrix: \_\_\_\_\_  
 Project Number: \_\_\_\_\_ Lab Project Number: \_\_\_\_\_ Checked By/On: \_\_\_\_\_

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	_____	<u>X</u>	_____
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	_____	<u>X</u>	_____
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	_____	<u>X</u>	_____
Is the CC/RA complete and signed off as appropriate?	_____	<u>X</u>	_____
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	_____	<u>X</u>	_____
Were any problems noted by the laboratory on the CC/RA? What? _____	_____	_____	_____
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	_____	<u>X</u>	_____
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	_____	<u>X</u>	_____
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	_____	<u>X</u>	_____
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	_____	_____	<u>X</u>
Was a project narrative available and read?	_____	<u>X</u>	_____
Were any problems noted in the narrative? Describe <u>See other side</u>	_____	<u>X</u>	_____
Were method numbers, matrices, units and reporting limits indicated and appropriate?	_____	<u>X</u>	_____
Was all other report heading information accurate?	_____	_____	_____
Were all field duplicates within relative percent difference (RPD) control limits?	_____	<u>X</u>	_____
Were all results for field, rinsate and trip blanks ND?	_____	<u>X</u>	_____

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Actus Hickam  
Project Number: 100-SFO-T26434-02

Laboratory Used: Torvent Labs  
Lab Project Number: 1008172

Sample Matrix: Soil  
Checked By/On: Mark Duff  
9-7-2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402009	32	Y	OK	OK	—	OK
SW8081A	402013	32	Y	OK	OK	—	OK
Date	Issues and Actions Taken						
9-1-2010	* MS/MSD was not run due to high level dieldrin and Aldrin in the spiked sample.						
	* Sample - 014A (EAR2-RA-20J-12 @ 1135) Not matching Coc which is EAR2-RA-37i-12						
	* Sample - 015A (EAR2-RA-20i-06) not matching Coc which was EAR2-RA-37i-06						

These Coc Discrepancies were resolved and Coc edited.

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: SAME AS OTHER SIDE Laboratory Used: \_\_\_\_\_  
 Project Number: \_\_\_\_\_ Lab Project Number: \_\_\_\_\_

Sample Matrix: \_\_\_\_\_  
 Checked By/On: \_\_\_\_\_

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?		<u>X</u>	___
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	___	<u>X</u>	___
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?		<u>X</u>	___
Is the CC/RA complete and signed off as appropriate?		<u>X</u>	___
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.		<u>X</u>	___
Were any problems noted by the laboratory on the CC/RA?		<u>X</u>	___
What? <u>Discrepancy Between Sample ID's and COC</u>			
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?		<u>X</u>	___
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?		<u>X</u>	___
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?		<u>X</u>	___
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?			<u>X</u>
Was a project narrative available and read?		<u>X</u>	___
Were any problems noted in the narrative? Describe <u>See other Side</u>		<u>X</u>	___
Were method numbers, matrices, units and reporting limits indicated and appropriate?		<u>X</u>	___
Was all other report heading information accurate?		<u>X</u>	___
Were all field duplicates within relative percent difference (RPD) control limits?		<u>X</u>	___
Were all results for field, rinsate and trip blanks ND?		<u>X</u>	___

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
Project Number: T26434.02

Laboratory Used: Tarrant  
Lab Project Number: 1008117

Sample Matrix: Soil  
Checked By/On: JK 8 Sept, 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW18081A	402021 <sup>0152</sup>	8	✓	All Diluted out	✓	---	✓
	402029	12	✓	100k / 2 Diluted out	Missing	---	Missing
	402027 <sup>0153</sup>	6 + 2 reruns	✓	All D. Filled out	✓	---	✓
	402015	2	✓	OK	Missing	---	Missing
Date	Issues and Actions Taken						
8 Sept 2010	Sample times for Lab ID 17A and 18A 14:10 & 14:15						
8 Sept 2010	Sample ID for Lab ID 20A — FAR-RA-20K-10 should be 12						
8 Sept 2010	MISSING MB & LCS/LCSO REPORTS						
8 Sept 2010	NO MS(MSD)S						
9 Sept 2010	MB and LCS for batch 402027 found in Report w/ Lab Project Number 1008192						
11-1-10	Lab discusses sample time errors and sample ID in revised report > OK (on sample receipt checklist)						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
 Project Number: T26934.02

Laboratory Used: Torremt  
 Lab Project Number: 1008177

Sample Matrix: Soil  
 Checked By/On: JK 8 Sept, 2010

	N/A	YES	NO
<i>Plan</i>			
Is a Quality Assurance Project Plan (QAPP), Work Plan or a <u>Sampling and Analysis (SAP)</u> available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was the report signed and <del>each report page stamped</del> with the TETRA TECH <sup>Signed <del>CC/RA</del> Page</sup> "Date Received..." stamp?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RAP Soil Sampling  
Project Number: T26434.02

Laboratory Used: Torrent  
Lab Project Number: 100892

Sample Matrix: Soil  
Checked By/On: JK 9 Sept 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402015	7	✓	8 diluted 2 not recoverable	Missing	—	Missing
	402041 <sup>0961</sup>	21+1	✓	8 diluted 13 not recoverable	✓	—	✓
	402050 <sup>0970</sup>	4	✓	All Not Recoverable	✓	—	✓
	402027 <sup>0953</sup>				✓		✓
Date	Issues and Actions Taken						
9 Sept, 2010	MB and LCS for batch 402027 included in this report						
9 Sept, 2010	Missing MB and LCS for batch 402015						
9 Sept, 2010	No MS/MSDs						
9 Sept, 2010	Lab IDs from 013A to 032A missing "A" on CC.						
10/21/10	Sample date in LIS for 62c-06 says 8/23 instead of 8/23, it's correct in sample results page though						
11/1/10	Lab sent revision for sample date error, report validated/OK						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
 Project Number: T26434.02

Laboratory Used: Torremt  
 Lab Project Number: 1008192

Sample Matrix: Soil  
 Checked By/On: JK 9 Sept, 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and <del>each report page stamped with the TETRA TECH "Date Received..." stamp?</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH

### LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
 Project Number: T26434.02

Laboratory Used: Tarrant  
 Lab Project Number: 1008202

Sample Matrix: Soil  
 Checked By/On: JK 9 Sept. 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402050 <sup>0970</sup>	16 + 5	✓	All Not Recoverable	✓	—	✓
	402061 <sup>0970</sup>	18 + 11	✓	17 - Not Recoverable 1 - Rejected	✓	—	✓
Date	Issues and Actions Taken						
9 Sept 2010	<del>Sample Receipt Checklist</del> is incomplete						
9 Sept 2010	Missing MS/MSD						
9 Sept 2010	Lab ID missing letter "A" in report that was written in CC in Sample Result Summary						
11/1/10	Lab completed checklist in revised report > validated/OK						

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
Project Number: T26434.02

Laboratory Used: Terrant  
Lab Project Number: 1008202

Sample Matrix: Soil  
Checked By/On: JK 9 Sept 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
 Project Number: T26434.02

Laboratory Used: Torrent  
 Lab Project Number: 1008216

Sample Matrix: Soil  
 Checked By/On: JK 9 Sept 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RAP Soil Sampling  
 Project Number: T26934-02

Laboratory Used: Tarrant  
 Lab Project Number: 1008226

Sample Matrix: Soil  
 Checked By/On: JK 16 Sept 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Sed. Sampling  
 Project Number: T26434.02

Laboratory Used: Torres  
 Lab Project Number: 1008226

Sample Matrix: Sed  
 Checked By/On: JK 10 Sept 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402108	5	✓	All not recoverable	Missing	—	Missing
	402109	33 + 11	✓	All not recoverable	Missing	—	Missing
	402103 <sup>0997</sup> <sub>0996</sub>				✓ x 2	—	✓ x 2
Date	Issues and Actions Taken						
10 Sept 2010	Missing MB and LCS for batch 402108 and 402109						
10 Sept 2010	MB and LCS for Prep Batch 0996 and 0997 for batch 402103 included						

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
Project Number: T26434.02

Laboratory Used: Torrent  
Lab Project Number: 1068234

Sample Matrix: Soil  
Checked By/On: JLK 14 Sept 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402129 <sup>1001</sup>	38 + 2	✓	All diluted - 36 not recoverable	✓	—	✓
	402088 <sup>0918</sup>				✓		✓
	402141 <sup>1023</sup>				✓		✓

Date	Issues and Actions Taken
14 Sept 2010	Lab ID 27A is listed as collected at 14:15 while CC states 14:25
14 Sept 2010	Missing MS/MSD
14 Sept 2010	MBs and LCSs for 402088 and 402141 added
14 Sept 2010	CC Incomplete! (missing recipient signature)
10/28/10	lab ID 1008234-001 determined to be for 19d-06, had been changed in database, but needs to be addressed in report

11/1/10 Lab addressed sample ID and sample times in revised report, validated for (as well as signed CoC)

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
 Project Number: 126434.02

Laboratory Used: Torrent  
 Lab Project Number: 1008234

Sample Matrix: Soil  
 Checked By/On: JW 14 Sept 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<del>Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
 Project Number: T26939\_02

Laboratory Used: Torrey  
 Lab Project Number: 1009003

Sample Matrix: Soil  
 Checked By/On: JK 14 Sept 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RAP Soil Sampling  
 Project Number: 726434.02

Laboratory Used: Torvent  
 Lab Project Number: 1009003

Sample Matrix: Soil  
 Checked By/On: JK 14 Sept 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402153 <sup>1024</sup>	20	✓	All detected - 17 not recoverable	✓	—	✓
	402141 <sup>1023</sup>	8 + 1	✓	All detected - 6 not recoverable	✓	—	✓
Date	Issues and Actions Taken						
14 Sept 2010	No MS/MSDs						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Michigan RAR Soil Sampling  
 Project Number: T26434-02

Laboratory Used: Torrend  
 Lab Project Number: 1069023

Sample Matrix: Soil  
 Checked By/On: JK 15 Sept 2016

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RAP Soil Sampling  
 Project Number: T26934.02

Laboratory Used: Tetra Tech  
 Lab Project Number: 1009023

Sample Matrix: Soil  
 Checked By/On: JK 18 Sept 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402157 <sup>1031</sup>	20 + 4	✓	All detected - not rechecked	✓	—	✓
	402158 <sup>1038</sup>	20 + 2	✓	All detected - 1 increase 19 - N/R	✓	—	✓
<b>Date</b>	<b>Issues and Actions Taken</b>						
18 Sept 2010	Missing MS/MSDs						

## TETRA TECH

### LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
 Project Number: T26434.02

Laboratory Used: Tarrant  
 Lab Project Number: 1009030

Sample Matrix: Soil  
 Checked By/On: JK 16 Sept, 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RAP Soil Sampling  
 Project Number: 726434.02

Laboratory Used: Tarrant  
 Lab Project Number: 1009030

Sample Matrix: Soil  
 Checked By/On: JK 16 Sept 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SV8081A	402172 <sup>1036</sup>	20 + 1	✓	All diluted - 4 increased - 16 N/R	✓	—	✓
	402184 <sup>1038</sup>	20 + 6	✓	All diluted - 8 increased - 12 N/R	✓	—	✓
Date	Issues and Actions Taken						
16 Sept 2010	No MS/MSDs						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Nuclears RAP Soil Sampling  
 Project Number: T26434.02

Laboratory Used: Tarrant  
 Lab Project Number: 1009043

Sample Matrix: Soil  
 Checked By/On: JK 17 Sept 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
Project Number: T26434.02

Laboratory Used: Tarrant  
Lab Project Number: 1609043

Sample Matrix: Soil  
Checked By/On: JK 17 Sept, 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402187 <sup>1044</sup>	20 + 11	✓	All diluted - N/R	✓	—	✓
	402197 <sup>1045</sup>	10	✓	All diluted - 8 N/R 2 increase	✓	—	✓
	402200 <sup>1052</sup>	2	✓	Diluted w/ increase	✓	—	✓
<b>Date</b>	<b>Issues and Actions Taken</b>						
17 Sept 2010	Missing MS/MSDs						

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Michigan RIR Soil Sampling  
Project Number: T266LXL02

Laboratory Used: Tarrant  
Lab Project Number: 100955

Sample Matrix: Soil  
Checked By/On: JK 20 Sept 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW3081A	402222 1060	20	✓	All detected - 5 LVR - 15 incremental	✓	_____	✓
	402200 1062	18	✓	All detected - 6 LVR - 12 incremental	✓	Soil MS-PP ✓ Question S Endpoints	✓
Date	Issues and Actions Taken						
20 Sept 2010	Temperature missing on CC						
20 Sept 2010	Missing MS/MSD for batch 402222						
11/1/10	Lab completed, temp on CoC in revised report -> validated / OK						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman P&P Soil Sampling  
 Project Number: 126434.02

Laboratory Used: Torrent  
 Lab Project Number: 1009055

Sample Matrix: Soil  
 Checked By/On: JK 20 Sept 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed <del>and each</del> report page stamped with the TETRA TECH "Date Received..." stamp?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
 Project Number: T26434-02

Laboratory Used: Torvent  
 Lab Project Number: 1009064

Sample Matrix: Soil  
 Checked By/On: WK 24 Sept 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Midcom RAP Soil Sampling  
 Project Number: T26434.02

Laboratory Used: Torvent  
 Lab Project Number: 1009073

Sample Matrix: Soil  
 Checked By/On: JLK 22 Sept 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Glenns RAP Soil Sampling  
 Project Number: T26434.02

Laboratory Used: Torres  
 Lab Project Number: 1009673

Sample Matrix: Soil  
 Checked By/On: JK 22 Sept 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW0081A	402240 <sup>1071</sup>	13	✓	All diluted - 2 increased	✓	_____	✓
	402249 <sup>1070</sup>	10	✓	All diluted - 2 increased	✓	_____	✓
	402250 <sup>1076</sup>	16	✓	All diluted - 3 increased	✓	_____	✓
	402260 <sup>1094</sup>	1	✓	All diluted not recoverable	✓	_____	✓
<b>Date</b>	<b>Issues and Actions Taken</b>						
22 Sept 2010	Missing MS/MSDs						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Heckam RAP Soil Sampling  
 Project Number: T264104.02

Laboratory Used: Torrent  
 Lab Project Number: 1009083

Sample Matrix: Soil  
 Checked By/On: JIC 23 Sept 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Highway RAP Soil Samples  
 Project Number: 126434.02

Laboratory Used: Torrent  
 Lab Project Number: 1009095

Sample Matrix: Soil  
 Checked By/On: JLK 24 Sept 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed and <del>each report page stamped with the TETRA TECH "Date Received..." stamp?</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam R&P Soil Sampling  
 Project Number: T26434.02

Laboratory Used: Terrant  
 Lab Project Number: 1004108

Sample Matrix: Soil  
 Checked By/On: JK 6 Oct 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TETRA TECH**  
LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Sed Sampling  
Project Number: 26434.02

Laboratory Used: Tetra  
Lab Project Number: 100416

Sample Matrix: Soil  
Checked By/On: 6 Oct 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402302 <sup>1106</sup>	20	✓	PA - None Recoverable I - Increased	✓	_____	✓
	402307 <sup>1113</sup>	2	✓	Not Recoverable	✓	_____	✓
<b>Date</b>	<b>Issues and Actions Taken</b>						
6 Oct 2010	Missing MS/MSDs						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
 Project Number: 126934 .02

Laboratory Used: Tetra Tech  
 Lab Project Number: 1009116

Sample Matrix: Soil  
 Checked By/On: JK Oct 2016

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TETRA TECH**  
LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickory RAP Sed Samples  
Project Number: TECH34.22

Laboratory Used: Tetra Tech  
Lab Project Number: 1009116

Sample Matrix: Soil  
Checked By/On: JK 6 Oct 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
STW8331A	402307 <sup>1113</sup>	18	✓	10 - Not Recoverable 8 - Increased	✓	✓	✓
	402318 <sup>1120</sup>	20	✓	11 - Not Recoverable 16 - Increased	✓	—	✓
<b>Date</b>	<b>Issues and Actions Taken</b>						
6 Oct 2010	Missing MS/MSD for batch 402318						

**TETRA TECH**  
LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Michigan DAP Soil Sampling  
Project Number: T 264786.02

Laboratory Used: Tarrant  
Lab Project Number: 1016013

Sample Matrix: Soil  
Checked By/On: JK M Oct 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed <del>and each report page stamped with the TETRA TECH "Date Received..." stamp?</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Michigan RAP Soil Sampling  
 Project Number: T26434-02

Laboratory Used: Tarrant  
 Lab Project Number: 101013

Sample Matrix: Soil  
 Checked By/On: JK 14 Oct 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW18081A	402562 <sup>1274</sup>	13	✓	Not Recoverable	✓	<del>          </del>	✓
	402577 <sup>1296</sup>	7	✓	Not Recoverable	✓	<del>          </del>	✓
<b>Date</b>	<b>Issues and Actions Taken</b>						
14 Oct 2010	Missing MS/MSDs						

## TETRA TECH

### LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP sampling  
 Project Number: 210434-03

Laboratory Used: Toront  
 Lab Project Number: 1010135

Sample Matrix: Soil  
 Checked By/On: Nihal / 10/28/10

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402720	2	yes	not recoverable	✓	✓	✓
Date	Issues and Actions Taken						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: (same as other side)  
 Project Number: \_\_\_\_\_

Laboratory Used: \_\_\_\_\_  
 Lab Project Number: \_\_\_\_\_

Sample Matrix: \_\_\_\_\_  
 Checked By/On: \_\_\_\_\_

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RAP Soil Sampling  
Project Number: T26434-02

Laboratory Used: Tetra  
Lab Project Number: 1004130

Sample Matrix: S.S.  
Checked By/On: AK G. 2/10

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SWPC61A	402321 <sup>1121</sup>	4	✓	3 - Not Recoverable 1 - Increase	✓	—	✓
	402333	10 + 1	✓	5 - Not Recoverable 5 - Increase	—	—	—
	402345	3	✓	1 - Not Recoverable 2 - Increase	—	—	—
	402316 <sup>1125</sup>	5	✓	2 - Not Recoverable 3 - Increase	✓	—	✓

Date	Issues and Actions Taken
6 Oct 2010	Missing MS/MSDs
6 Oct 2010	Missing MBs for batches 402333 and 402345
6 Oct 2010	Missing LCSs for batches 402333 and 402345
10/21/10	2 QC batches were reported, Lab does not run prep QC for all analytical runs > report validated / OK (2 batches already QC'd)

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Rockham Rd Soil Sampling  
 Project Number: T26434.02

Laboratory Used: Terrant  
 Lab Project Number: 1009116

Sample Matrix: Soil  
 Checked By/On: JK C Oct 2010

1009130

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam Rd. Soil Samples  
 Project Number: T26434-02

Laboratory Used: Torrest  
 Lab Project Number: 1009138

Sample Matrix: Soil  
 Checked By/On: JK 6 Oct 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
 Project Number: TZ6434.02

Laboratory Used: Torrey  
 Lab Project Number: 1001133

Sample Matrix: Soil  
 Checked By/On: JK 6 Oct 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW0081A	402346 <sup>1125</sup>	3	✓	Not Recoverable	✓	—	✓
	402371	3 # 3	✓	Not Recoverable	—	—	—
Date	Issues and Actions Taken						
6 Oct 2010	Missing MS/MSDs						
6 Oct 2010	Missing MB and LCS for batch 402371						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RAP Soil Sampling  
 Project Number: T26434.02

Laboratory Used: Terrant  
 Lab Project Number: 1606140

Sample Matrix: Soil  
 Checked By/On: JK & CJ 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and <del>each report page stamped with the TETRA TECH "Date Received..." stamp?</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam Rd. Sed. Sampling  
 Project Number: T26934-02

Laboratory Used: Tacant  
 Lab Project Number: 1009140

Sample Matrix: Soil  
 Checked By/On: JK 6 Oct 2016

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW2881A	402377 <sup>1134</sup>	8	✓	6- Not Recoverable 2- Increased	✓	—————	✓
<b>Date</b>	<b>Issues and Actions Taken</b>						
6 Oct 2016	MS/MSD Missing						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam R&P Soil Sampling  
 Project Number: 726474-02

Laboratory Used: Tetra Tech  
 Lab Project Number: 1000151

Sample Matrix: Soil  
 Checked By/On: JK 6 Oct 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed <del>and each report page stamped with the TETRA TECH "Date Received..."</del> stamp?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TETRA TECH**  
LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Pickam RHP Soil Samples  
Project Number: T26434-02

Laboratory Used: Tetra Tech  
Lab Project Number: 1002151

Sample Matrix: Soil  
Checked By/On: JK 6 Oct 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8001A	402386 <sup>1131</sup>	14	✓	Not Recoverable	✓	—	✓
	462543 <sup>1132</sup>	24	✓	18 - Not Recoverable 6 - Increased	✓	—	✓
<b>Date</b>	<b>Issues and Actions Taken</b>						
6 Oct 2010	Missing MS/MSDs						

**TETRA TECH**  
LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RAP Soil Sampling  
Project Number: T26434-02

Laboratory Used: Torrey  
Lab Project Number: 1004156

Sample Matrix: Soil  
Checked By/On: JK 6 Oct 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW6081A	402404	18	✓	17 - Not Recoverable 1 - Inconsistent	—	—	—
	402405 1177	3	✓	Not Recoverable	✓	—	✓
	402408	2	✓	1 - Not Recoverable 1 - Inconsistent	—	—	—

Date	Issues and Actions Taken
6 Oct 2010	Missing Analysis for samples 24A; 25A; 26A; 27A; 28A; 29A; 30A - arrived sorted
6 Oct 2010	Missing MBs and LCSs for batches 402404 and 402408
6 Oct 2010	Missing MS/MSD
10/21/10	EAR3-RA 34a-06 should be 34b-06 (34a already in WO 1009138)
11/1/10	Lab revised report to discuss these issues in case narrative and revised lab IDs for 34b > validated/OK

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Samples  
 Project Number: 16434.02

Laboratory Used: Tetra Tech  
 Lab Project Number: 1022156

Sample Matrix: Soil  
 Checked By/On: JK 6 Oct 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe <u>7 samples soaked with water 24A, 25A, 26A, 27A, 28A, 29A, 30A</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH

### LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RIP Soil Samplers  
 Project Number: T26434.02

Laboratory Used: Terrant  
 Lab Project Number: 1809163

Sample Matrix: Soil  
 Checked By/On: JL 6 Oct 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SWB001A	402408	8	✓	7 - Not Recoverable 1 - Increased	✓	✓	✓
	402429 1187	22	✓	Increased	✓	✓	✓
	402430 1188	7	✓	Not Recoverable	✓	✓	✓
	402431 1202	1	✓	Increased	✓	✓	✓
<b>Date</b>	<b>Issues and Actions Taken</b>						
6 Oct 2010	Missing MS/MSDs						
8 Oct 2010	Missing MB and LCS for batch 402408						
11/1/10	Lab did report appropriate MS/MSD + LCS > validated / OK						

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Pickam RAP Sed Sampling  
Project Number: 726471-62

Laboratory Used: Torcent  
Lab Project Number: 1009165

Sample Matrix: Soil  
Checked By/On: JL Oct 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?			<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>		
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>		
Were any problems noted by the laboratory on the CC/RA? What? _____			<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?		<input checked="" type="checkbox"/>	
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?		<input checked="" type="checkbox"/>	
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?		<input checked="" type="checkbox"/>	
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?		<input checked="" type="checkbox"/>	
Was a project narrative available and read?		<input checked="" type="checkbox"/>	
Were any problems noted in the narrative? Describe _____.			<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?		<input checked="" type="checkbox"/>	
Was all other report heading information accurate?		<input checked="" type="checkbox"/>	
Were all field duplicates within relative percent difference (RPD) control limits?		<input checked="" type="checkbox"/>	
Were all results for field, rinsate and trip blanks ND?		<input checked="" type="checkbox"/>	

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RMP Soil Samplings  
Project Number: I26434.02

Laboratory Used: Tetra Tech  
Lab Project Number: 1009176

Sample Matrix: Soil  
Checked By/On: JK 6 Oct 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402405 <sup>1177</sup>	6	✓	Not Recoverable	✓	_____	✓
	402408	1	✓	Increased	_____	_____	_____
Date	Issues and Actions Taken						
6 Oct 2010	CC is missing						
6 Oct 2010	Temp not in compliance according to lab. Temp unknown. <span style="color: blue;">incorrect per NMD</span>						
6 Oct 2010	<del>Missing MS/MSD</del>						
6 Oct 2010	Missing MB and LCS for batch 402408						
20 Oct rev. COC sent on 10/19/10							

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Tetra Tech

Rev. 11-08-07

11/1/10 Lab reported MS/MSD and LCS = report validated/OK

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RAP Soil Sampling  
Project Number: T28434-02

Laboratory Used: Tarrant  
Lab Project Number: 1009176

Sample Matrix: Soil  
Checked By/On: JK 6 Oct 2010

N/A   YES   NO

Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?     
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?

Miss. 2g!  
Chain-of-Custody and Request for Analysis (CC/RA) Records:

Is the ~~CC/RA~~ present and the original copy?    
Is the CC/RA complete and signed off as appropriate?    
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what N/A.    
Were any problems noted by the laboratory on the CC/RA?    
What? Not CC to note on

CC/RA - Laboratory Report Agreement:

Were all the samples on the CC/RA analyzed as requested and instructions followed?    
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report? Discrepancy  
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample? Discrepancy

Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?

Was a project narrative available and read?    
Were any problems noted in the narrative? Describe \_\_\_\_\_

Were method numbers, matrices, units and reporting limits indicated and appropriate?    
Was all other report heading information accurate?

Were all field duplicates within relative percent difference (RPD) control limits?

Were all results for field, rinsate and trip blanks ND?

## TETRA TECH

### LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RHP Soil Sampling  
 Project Number: T26434.02

Laboratory Used: Torres  
 Lab Project Number: 1001183

Sample Matrix: Soil  
 Checked By/On: JK 7 Oct 2016

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8061A	403456	20	✓	Not Recoverable	—	—	—
	403457	12	✓	Not Recoverable	—	—	—
<b>Date</b>	<b>Issues and Actions Taken</b>						
7 Oct 2016	Missing All MBs, MS/MSDs, and LCSs						
10/28	COC was missing but was sent on 10/19/10 > Validated/OK						

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Sampling  
Project Number: T26434, 02

Laboratory Used: Terrant  
Lab Project Number: 1009183

Sample Matrix: Soil  
Checked By/On: JK 7 Oct 2016

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Richman RAP Soil Sampling  
 Project Number: TZ6434.02

Laboratory Used: Tetra Tech  
 Lab Project Number: 1004134

Sample Matrix: Soil  
 Checked By/On: JK 7 Oct 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RAP Soil Sampling  
 Project Number: T26434.02

Laboratory Used: Tetra Tech  
 Lab Project Number: 1002189

Sample Matrix: Soil  
 Checked By/On: JK 7 Oct 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8061	402460 1210	20	✓	16 - Not Recoverable 3 - Increased	✓	—	✓
	402484 1212	20	✓	Not Recoverable	✓	—	✓
<b>Date</b>	<b>Issues and Actions Taken</b>						
7 Oct 2010	Missing MS/MSDs						
7 Oct 2010	Error on CC 005A (EAR3-RA-416-06) Time 9:05 - Lab recorded 9:35						

**TETRA TECH**  
LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RAP Soil Sampling  
Project Number: T26434.02

Laboratory Used: Tetra Tech  
Lab Project Number: 1009194

Sample Matrix: Soil  
Checked By/On: JLK 7 Oct 2016

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickman RAP Soil Sampling  
 Project Number: T26434.02

Laboratory Used: Torrent  
 Lab Project Number: 1009194

Sample Matrix: Soil  
 Checked By/On: JL 7 Oct 2016

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW3031A	4102485 <sup>1223</sup>	18	✓	16 - not recoverable 2 - increased	✓	—	✓
<b>Date</b>	<b>Issues and Actions Taken</b>						
7 Oct 2016	Missing MS/MSD						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Huleam RAP Soil Sampling  
 Project Number: T26434-02

Laboratory Used: Tarrant  
 Lab Project Number: 1009217

Sample Matrix: Soil  
 Checked By/On: JK 11 Oct 2010

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?		✓	___
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	✓	___	___
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	___	___	✓
Is the CC/RA complete and signed off as appropriate?	✓	___	___
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	✓	___	___
Were any problems noted by the laboratory on the CC/RA? What? _____	___	___	✓
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	___	✓	___
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	___	✓	___
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	___	✓	___
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	___	✓	___
Was a project narrative available and read?	___	✓	___
Were any problems noted in the narrative? Describe _____.	___	___	✓
Were method numbers, matrices, units and reporting limits indicated and appropriate?	___	✓	___
Was all other report heading information accurate?	___	✓	___
Were all field duplicates within relative percent difference (RPD) control limits?	✓	___	___
Were all results for field, rinsate and trip blanks ND?	✓	___	___

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP Soil Samples  
 Project Number: T26434-02

Laboratory Used: Tetra Tech  
 Lab Project Number: 1069217

Sample Matrix: Soil  
 Checked By/On: JL 11 Oct 2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402493 <sup>1231</sup>	18	✓	Not Recoverable	✓	—	✓
Date	Issues and Actions Taken						
11 Oct 2010	Missing MS/MSD						



# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: SAME AS OTHER SIDE Laboratory Used: \_\_\_\_\_  
 Project Number: \_\_\_\_\_ Lab Project Number: 1009230

Sample Matrix: \_\_\_\_\_  
 Checked By/On: \_\_\_\_\_

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP soils sample  
 Project Number: 26434.03

Laboratory Used: Tarent  
 Lab Project Number: 1010002

Sample Matrix: Soil  
 Checked By/On: NMO 10/20/2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402556 <sup>1270/71</sup> <sub>1274</sub>	38	✓	All diluted 34 not rechecked	—	—	—
Date	Issues and Actions Taken						
10/21/10	MBs and LCS missing						
11/1/10	Lab sent revised report w/ MS/MSD + LCS = validated / OK						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Same as other side  
 Project Number: \_\_\_\_\_

Laboratory Used: \_\_\_\_\_  
 Lab Project Number: 101002

Sample Matrix: \_\_\_\_\_  
 Checked By/On: \_\_\_\_\_

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## TETRA TECH LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP soil sampling  
Project Number: 26434.03

Laboratory Used: Toment  
Lab Project Number: 1010014

Sample Matrix: soil  
Checked By/On: NNO / 10/20/2010

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402577 <sup>1296</sup>	18	✓	All D, 2 recoverable	✓	—	✓
	402595 <sup>1316</sup>	1	✓	D, not recoverable	✓	—	✓
	402583 <sup>1304</sup>	17	✓	All D, not recoverable	✓	—	✓
Date	Issues and Actions Taken						
10/21/10	Sample EAR3-RA-40f-6 is listed twice in sample results and LIS, which is in place of EAR3-RA-40d-12 as stated in the CC ⇒ the results are different which could mean it's just mislabeled						
10/21/10	the time is inconsistent in sample results for EAR3-RA-15c-12, says 11:15, should be 14:15 as stated in CC						
10/28/10	YKP requested re-run of high DDT concentrations in 15-A (3rd triplicate)						

11/22/10 Lab revised report to address all issues, including reanalyzing triplicates  
report validated / OK

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Same as other side  
 Project Number: \_\_\_\_\_

Laboratory Used: \_\_\_\_\_  
 Lab Project Number: 1010014

Sample Matrix: \_\_\_\_\_  
 Checked By/On: \_\_\_\_\_

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*one sample missing or mislabeled*

## TETRA TECH

### LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP soil sampling  
 Project Number: 26434.03

Laboratory Used: Torrent  
 Lab Project Number: 1010031

Sample Matrix: Soil  
 Checked By/On: Nmo 10/21/10

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402595 <sup>1312</sup> <sub>1316</sub>	26	✓	25 - not recoverable 1 - R within limits	✓	—	✓
Date	Issues and Actions Taken						
10/21/10	Temperature not on CC, but is stated in sample receipt checklist from Lab						
10/21/10	missing MB & LCS for batch 402595, prep batch 1312						
10/24/10	Don't have "revised report" but we have a revised ETD.						
11/1/10	Lab sent revised report > validated/OK						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: same as other side  
 Project Number: \_\_\_\_\_

Laboratory Used: \_\_\_\_\_  
 Lab Project Number: 1010031

Sample Matrix: \_\_\_\_\_  
 Checked By/On: \_\_\_\_\_

N/A   YES   NO

Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?     
 Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?

**Chain-of-Custody and Request for Analysis (CC/RA) Records:**

Is the CC/RA present and the original copy?    
 Is the CC/RA complete and signed off as appropriate?    
 Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what \_\_\_\_\_.    
 Were any problems noted by the laboratory on the CC/RA?    
 What? \_\_\_\_\_

*not on  
 cc but is  
 in lab  
 receipt*

**CC/RA - Laboratory Report Agreement:**

Were all the samples on the CC/RA analyzed as requested and instructions followed?    
 Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?    
 Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?

Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?

Was a project narrative available and read?    
 Were any problems noted in the narrative? Describe \_\_\_\_\_

Were method numbers, matrices, units and reporting limits indicated and appropriate?    
 Was all other report heading information accurate?

Were all field duplicates within relative percent difference (RPD) control limits?

Were all results for field, rinsate and trip blanks ND?

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP soil sampling Laboratory Used: Torrent  
 Project Number: 26434.03 Lab Project Number: 1010051

Sample Matrix: Soil  
 Checked By/On: AMS 10/21/10

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402631 <sup>1335</sup>	5	✓	all diluted not recoverable	✓		✓
"	402642 <sup>1335</sup>	7	✓	"	—	—	—
Date	Issues and Actions Taken						
10/21/10	missing MBA LCS for batch 402642						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Same as other side  
 Project Number: \_\_\_\_\_

Laboratory Used: \_\_\_\_\_  
 Lab Project Number: 1010051

Sample Matrix: \_\_\_\_\_  
 Checked By/On: \_\_\_\_\_

**N/A   YES   NO**

Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available? \_\_\_\_\_  \_\_\_\_\_  
 Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met? \_\_\_\_\_  \_\_\_\_\_

**Chain-of-Custody and Request for Analysis (CC/RA) Records:**

Is the CC/RA present and the original copy? \_\_\_\_\_  \_\_\_\_\_  
 Is the CC/RA complete and signed off as appropriate? \_\_\_\_\_  \_\_\_\_\_  
 Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what \_\_\_\_\_ \_\_\_\_\_  \_\_\_\_\_  
 Were any problems noted by the laboratory on the CC/RA?  
 What? \_\_\_\_\_ \_\_\_\_\_  \_\_\_\_\_

**CC/RA - Laboratory Report Agreement:**

Were all the samples on the CC/RA analyzed as requested and instructions followed? \_\_\_\_\_  \_\_\_\_\_  
 Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report? \_\_\_\_\_  \_\_\_\_\_  
 Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample? \_\_\_\_\_  \_\_\_\_\_

Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp? \_\_\_\_\_ \_\_\_\_\_

Was a project narrative available and read? \_\_\_\_\_  \_\_\_\_\_  
 Were any problems noted in the narrative? Describe \_\_\_\_\_ \_\_\_\_\_  \_\_\_\_\_

Were method numbers, matrices, units and reporting limits indicated and appropriate? \_\_\_\_\_  \_\_\_\_\_  
 Was all other report heading information accurate? \_\_\_\_\_  \_\_\_\_\_

Were all field duplicates within relative percent difference (RPD) control limits? \_\_\_\_\_  \_\_\_\_\_

Were all results for field, rinsate and trip blanks ND? \_\_\_\_\_  \_\_\_\_\_

## TETRA TECH

### LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP soil sampling  
 Project Number: 210434.03

Laboratory Used: Tarent  
 Lab Project Number: 1010113

Sample Matrix: Soil  
 Checked By/On: NMO 10/21/10

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402642 <sup>1324</sup>	2	✓	Not recoverable	✓	—	✓
Date	Issues and Actions Taken						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Same as other side  
 Project Number: \_\_\_\_\_

Laboratory Used: \_\_\_\_\_  
 Lab Project Number: 101013

Sample Matrix: \_\_\_\_\_  
 Checked By/On: \_\_\_\_\_

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**TETRA TECH**  
LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP soil sampling  
Project Number: 26434-03

Laboratory Used: Torrent  
Lab Project Number: 1010042

Sample Matrix: Soil  
Checked By/On: NMO 10/21/10

Analysis	Laboratory QC Batch Number	Number of TETRA TECH Samples in Batch	Holding Times Met	Surrogates	Method Blank (MB)	Matrix Spike/Matrix Spike Duplicate (MS/MSD)	Laboratory Control Spike (LCS)
SW8081A	402616 <sup>1316</sup>	9	✓	4 recovered - OK	—	—	—
	402628 <sup>1333</sup>	3	✓	3 recovered - OK	—	—	—
	402629 <sup>1333</sup>	17	✓	17 recovered - OK	✓	—	✓
	402630 <sup>1334</sup>	1	✓	recovered - OK	✓	—	✓
Date	Issues and Actions Taken						
10/21/10	MB & LCS missing for 402616 and 402628						
10/21/10	missing 3rd page of CC, wrong CC page attached (from 1010031)						
10/21/10	Transcription error for 1010042-10A, -11A should have been ONI-RA-16 not "16" but this was already revised						
10/27/10	Lab sent correct 3rd page of CC > report validated / OK						

# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: same as other side  
 Project Number: \_\_\_\_\_

Laboratory Used: \_\_\_\_\_  
 Lab Project Number: 1010042

Sample Matrix: \_\_\_\_\_  
 Checked By/On: \_\_\_\_\_

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3rd page missing



# TETRA TECH

## LABORATORY REPORT EVALUATION CHECKLIST

Project Name: Hickam RAP soil sampling  
 Project Number: 26434.03

Laboratory Used: Torrey  
 Lab Project Number: 1010052

Sample Matrix: Soil  
 Checked By/On: NMO 10/21/10

	N/A	YES	NO
Is a Quality Assurance Project Plan (QAPP), Work Plan or a Sampling and Analysis (SAP) available?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the frequency stated in the QAPP, Work Plan or SAP for field duplicates, rinsate blanks and trip blanks met?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chain-of-Custody and Request for Analysis (CC/RA) Records:</b>			
Is the CC/RA present and the original copy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the CC/RA complete and signed off as appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the temperature received recorded by the laboratory and was it 4°C, ±2°? if not what _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted by the laboratory on the CC/RA? What? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>CC/RA - Laboratory Report Agreement:</b>			
Were all the samples on the CC/RA analyzed as requested and instructions followed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Field Sample Identification and the Laboratory Number relationship consistent between the CC/RA and the laboratory report?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do the Sampled and Received dates on the CC/RA match those on the laboratory report for each sample?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the report signed and each report page stamped with the TETRA TECH "Date Received..." stamp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a project narrative available and read?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were any problems noted in the narrative? Describe _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were method numbers, matrices, units and reporting limits indicated and appropriate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was all other report heading information accurate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all field duplicates within relative percent difference (RPD) control limits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were all results for field, rinsate and trip blanks ND?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>