

DRINKING WATER TESTING CHECKLIST

Note: This form is for child care centers that are supplied water by a community water system.

•PROGRAMS IN OPERATING PUBLIC SCHOOLS ARE NOT REQUIRED TO COMPLETE THIS FORM•

CHILD CARE CENTER INFORMATION


Name of Child Care Center: FULL GOSPEL CHRISTIAN ACADEMY		License ID: 07FUL0001	
Site Address of Center: 531-533 SOUTH ORANGE AVENUE	Building # and Street: 531-533 SOUTH ORANGE AVENUE	Municipality: NEWARK	County: ESSEX ▼
Sponsor/Sponsor Representative: STACY MQEEN, SUPERINTENDENT		Phone Number: (973) 372-1492	Email: FGCA64@MSN.COM

CERTIFICATION OF COMPLIANCE WITH LEAD & COPPER SAMPLING AT THE ABOVE CHILD CARE CENTER

Sampling Date(s):	
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Does the center have a signed contract with a New Jersey Certified Drinking Water Laboratory for lead & copper analysis?
2. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there an onsite water outlet assessment in accordance with technical guidance?
3. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is there a floor plan in accordance with technical guidance?
4. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date:	Were all the drinking water outlets in the center where a child or staff has or may have access (including food preparation and outside drinking water outlets) sampled?
5. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Sample Date:	Were at least 50% of all indoor water faucets utilized by the center sampled?
6. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Does the child care center have the chain of custody and analytical reports for all drinking water outlets sampled? Please attach copies.
7. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all the drinking water outlets sampled in the sequence determined by the floor plan beginning with the outlet closest to the point of entry?
8. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were all samples taken after the water sat undisturbed in pipes for at least 8 hours but no more than 48 hours?
9. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were samples collected in pre-cleaned high density polyethylene (HDPE) 250 ml wide mouth single use rigid sample containers?
10. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were all existing aerators, screens, and filters left in place prior to and during the sampling event?
11. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Were only cold water samples collected?
12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did no pre-stagnant flushing take place unless the outlet deviated from normal use and documented on flushing log?
13. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was all point of use treatment on outlets, such as filters, documented?
14. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Did any result exceed the action level for lead (.015 µg/L) or copper (1.3 µg/L)?
15. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) was use of all drinking water outlets immediately discontinued?
16. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) was bottled water provided for drinking and food preparation?
17. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If a result exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) were signs posted to indicate that the outlets are not to be used for drinking or food preparation?
18. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Did all drinking water outlets with a result that exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) have a follow-up flush sample conducted?

19. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If a result exceeded the action level for lead (15 µg/L) or copper (1500 µg/L) was the local health office notified of results?
20. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If any of the results exceeded the action level for lead (15 µg/L) or copper (1500 µg/L), was notification, including results and remediation measures, provided to the parent(s) of all children attending the center, the staff, and NJDCF?
21. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Were any drinking water outlets or potable plumbing replaced or repaired as a remedy for an action level exceedance?
22. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A Sample Date:	If any drinking water outlet or potable plumbing was replaced or repaired, were additional samples collected after installation?
23. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Was any chemical treatment unit or process installed to remedy an action level exceedance (e.g., corrosion control treatment)?
24. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A Sample Date:	If a chemical treatment unit or process was installed to remedy an action level exceedance (e.g., corrosion control treatment), were additional samples collected after the installation?
25. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Was a mechanical process implemented to remedy an action level exceedance (e.g., flushing program)?
26. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If a mechanical process was implemented to remedy an action level exceedance (e.g., flushing program), were additional samples collected after the implementation?
27. <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If no remedial action was taken, such as those indicated in 21 through 26 above, has the center implemented a written plan of action for use of bottled water for drinking and food preparation?

CERTIFICATION: By signing below, the **Sponsor or Sponsor Representative** certifies that all answers on this checklist are true and accurate:

Sponsor/Sponsor Representative: (PRINT)	STACY MCQUEEN, SUPERINTENDENT
Signature: 	
Signature Date:	2/26/2021

DRINKING WATER TESTING RESOURCES

List of NJ Certified Laboratories:

<https://www13.state.nj.us/Dep/Water/Search/SearchByCategory?isExternal=y&getCategories&catId=Certified-Laboratories>

Drinking Water Outlet Inventory Form:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20C.docx

Types of Water Outlets:

<https://www.epa.gov/dwreginfo/3ts-reducing-lead-drinking-water-testing>

Water Stagnation Vignette:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20F.docx

Sample Collection Vignette:

<http://www.nj.gov/dep/watersupply/pdf/quickref.pdf>

Pre Stagnation Flushing Log:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20E.docx

Filter Inventory Form:

http://www.nj.gov/dep/watersupply/doc/SP_Attachment%20D.docx

Results Letter Template:

<http://www.nj.gov/dep/watersupply/doc/resultsletter.doc>

Garden State Laboratories, Inc.

Bacteriological and Chemical Testing



Toll Free 800-273-8901
 Telephone 908-688-8900
 Fax 908-688-8966
 Email: info@gslabs.com
 Internet: www.gslabs.com

Main Lab
 410 Hillside Avenue
 Hillside, New Jersey 07205
 NJDEP Lab Cert. #20044

Mathew Klein, M.S., Founder (1916-1996)
 Harvey Klein, M.S., Laboratory Director
 Jordan B. Klein, B.A., Exec. Vice President
 Sharon Ercoliani, B.A., Laboratory Manager

REPORT OF ANALYSIS

Jersey Shore Lab
 54 Main Street
 Waretown, New Jersey 08758
 NJDEP Lab Cert. #15037
REPORT # 400204087.0
CLIENT # FUL07
DATE SUBMITTED: 2/4/2020

TO: Full Gospel Christian Academy
531-533 South Orange Ave.

Newark NJ 07103
 ATT: Robin Bailey

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: FIRST DRAW
SAMPLE LOCATION: 1ST FLOOR GIRLS BATHROOM

DATE SAMPLED: 2/3/2020 TIME SAMPLED: 07:33

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead, EPA 200.9	0.003	mg/l	0.015	2/7/20
Copper, EPA 200.7	0.103	mg/l	1.3	2/6/20

< = less than, not detected. Method Detection Limits and Reporting Limits available at www.gslabs.com/certnjdep.html
 MCL = Maximum Contaminant Level allowed by State and Federal regulations.

Harvey Klein

410482

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.
 When sample is collected by Garden State Labs, it is taken in accordance with Field Sampling Plan GSL.FS.01.01.
 Main Lab certified by NJDEP #20044-TNI, NY Dept. of Health #11550 and PADEP #68-03680.

2020-2021 OEC PD Day March 10th - Room Assignments

8:30 am - 11:30 am

Full Steam Ahead! Immersing Preschool Children in Hands-On Exploration of Non Living Things - Live Webinar

Sites

Rafael Hernandez
Roberto Clemente
Brighter Tomorrow I
Brighter Tomorrow II
Clinton Hill ELC
Full Gospel
Page Academy
UVSO- Ivy
Ivy Hill
Lincoln

UVSO- Smith
West Ward Early Childhood
Abington Avenue
Benjamin Franklin
Elliott Street
First Avenue
Salome Urena
Park Elementary
St. Justine III
Perpetual Help Day Nursery

Avon Avenue
Camden Street
ECC Central
ECC North
ECC South

Mount Carmel Guild
Lafayette
Luis Munoz Marin
McKinley
Peshine
IEP Summer Place

ECC West
Sussex Avenue
St. Anns
Ironbound Children's Center
Holiness Pentecostal
Mt. Vernon
Leaguers Inc. - 177 Central
Leaguers Inc- Judith Diggs
Leaguers Inc. - 405 University
Leaguers Inc. - 999 Broad Street
Leaguers Inc. - Elm Street

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REPORT OF ANALYSIS

Jersey Shore Lab
 54 Main Street
 Waretown, New Jersey 08758
 NJDEP Lab Cert. #15037
REPORT # 400204086.0
CLIENT # FUL07

TO: Full Gospel Christian Academy
 531-533 South Orange Ave.

DATE SUBMITTED: 2/4/2020

Newark NJ 07103
 ATT: Robin Bailey

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
 SAMPLE ID: FIRST DRAW
 SAMPLE LOCATION: 2ND FLOOR

DATE SAMPLED: 2/3/2020 TIME SAMPLED: 07:45

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead, EPA 200.9	0.004	mg/l	0.015	2/7/20
Copper, EPA 200.7	0.148	mg/l	1.3	2/6/20

< = less than, not detected. Method Detection Limits and Reporting Limits available at www.gslabs.com/certnjdep.html
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Handwritten Signature

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**REPORT OF
 ANALYSIS**

Jersey Shore Lab
 54 Main Street
 Waretown, New Jersey 08758
 NJDEP Lab Cert. #15037
REPORT # 400204088.0
CLIENT # FUL07
DATE SUBMITTED: 2/4/2020

TO: Full Gospel Christian Academy
531-533 South Orange Ave.

Newark

NJ 07103

ATT: Robin Bailey

SAMPLE TYPE: DRINKING WATER, GRAB SAMPLE
SAMPLE ID: FIRST DRAW
SAMPLE LOCATION: BOYS BATHROOM

DATE SAMPLED: 2/3/2020

TIME SAMPLED: 07:40

ANALYSIS	RESULT	UNITS	MCL	DATE ANALYZED
Lead, EPA 200.9	see attached*	mg/l	0.015	
Copper, EPA 200.7	0.015	mg/l	1.3	2/18/20
*Analyzed by Henderson				

< = less than, not detected. Method Detection Limits and Reporting Limits available at www.gsllabs.com/certnjdep.html
 MCL = Maximum Contaminant Level allowed by State and Federal regulations.

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 Main Lab certified by NJDEP #20044-TNI, NY Dept. of Health #11550 and PADEP #68-03680.

J.R. HENDERSON LABS, INC.

123 Seaman Ave.
Beachwood, New Jersey 08722

Potable Water & Wastewater Analysis
Atomic Absorption
Gas Chromatography

(732) 341-1211
FAX (732) 505-1658
ID # 15083

State Certified
Drinking Water Laboratory
Consulting Service

February 11, 2020

GARDEN STATE LABORATORIES INC
410 Hillside Avenue
Hillside, NJ 07205

Re: Sample ID: 400204088.0
Sample Date: 02/03/2020; 07:40

Analyte Name	Results mg/l	Analytical Method	Analysis Date	Analysis Time	SDWIS Analyte Code
Lead	0.010	200.9	02/10/2020	08:42	1030

mg/l=milligrams of contaminant per liter of water, equivalent to ppm (parts per million)

Submitted by:

JR Henderson Labs, Inc.

Margaret Ellis

Margaret Ellis, Lab Manager
/hm