

Bayou Chico BMAP

Central Laboratory Submittal Form

last revised Nov 10, 2015

Customer: NW-DIST

Requester: Cheryl Bunch

Field Report Prepared By: M. Taylor

Project ID: BMAP

Collected By: D. Morton, M. Taylor, J. Munn

Sampling Agency: ESCWALM

Location <i>Anders Beach</i>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>2.16.2016</i> Time <i>1045</i>		Eastern ☒ Central	Composite end Date _____ Time _____		Bottle Group(s) (See pg 2) <i>A</i>
Field ID <i>F</i>		Matrix (type, e.g., Salt, Fresh, etc) <i>salt</i>		Diss. Oxygen <i>9.9</i>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET # <i>33020J10</i>		Temp (C) <i>14.9</i>	pH <i>6.8</i>	Sample Depth <i>0.2</i>	☐ ft ☒ m	Sp. Conductance (umho/cm) <i>16381</i>		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <i>9.6</i>	Comments					
Location <i>Field Blank</i>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>2.16.2016</i> Time <i>1100</i>		Eastern ☒ Central	Composite end Date _____ Time _____		Bottle Group(s) <i>A</i>
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET #		Temp (C)	pH	Sample Depth	☐ ft ☐ m	Sp. Conductance (umho/cm)		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments					
Location <i>Mandalay Drive</i>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>2.16.2016</i> Time <i>1115</i>		Eastern ☒ Central	Composite end Date _____ Time _____		Bottle Group(s) <i>A</i>
Field ID <i>E</i>		Matrix (type, e.g., Salt, Fresh, etc) <i>salt</i>		Diss. Oxygen <i>9.3</i>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET # <i>33020JD4</i>		Temp (C) <i>15.6</i>	pH <i>6.9</i>	Sample Depth <i>0.2</i>	☐ ft ☒ m	Sp. Conductance (umho/cm) <i>14859</i>		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <i>8.7</i>	Comments					
Location <i>Jones at Old Conny</i>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>2.16.2016</i> Time <i>1140</i>		Eastern ☒ Central	Composite end Date _____ Time _____		Bottle Group(s) <i>A</i>
Field ID <i>D</i>		Matrix (type, e.g., Salt, Fresh, etc) <i>Fresh</i>		Diss. Oxygen <i>4.4</i>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET # <i>33020118</i>		Temp (C) <i>15.5</i>	pH <i>7.5</i>	Sample Depth <i>0.2</i>	☐ ft ☒ m	Sp. Conductance (umho/cm) <i>80</i>		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <i>0.0</i>	Comments					

Relinquished By:	Date/Time	Shipping Method	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
							<i>MUB</i>	<i>2/17/16/9:41</i>

Group: A	Bottle Type:	BP-1L	# of Bottles: 9	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	CHLSUITE-W					

Group: A	Bottle Type:	TEST HAS NO BOTTLE	# of Bottles: 9	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	NW-UWF-ENT					
	NW-UWF-FC					

Group: A	Bottle Type:	P-250ML	# of Bottles: 9	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	TURBIDITY					

Group: A	Bottle Type:	P-500ML	# of Bottles: 9	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
	W-NH3					
	W-NO2NO3					
	W-S-A-TP					
	W-TKN					

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Requester: Cheryl Bunch

Field Report Prepared By: M. Taylor

Project ID: BMAP

Collected By: D. Morton, M. Taylor, J. Munn

Sampling Agency: ESCUDLM

Location <u>Jackson at Old Conny</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>2.16.2016</u> Time <u>1200</u>		Eastern ☒ Central	Composite end Date _____ Time _____		Bottle Group(s) (See pg 2)
Field ID <u>A</u>		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen <u>8.5</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		<u>A</u>
STORET # <u>33020221</u>		Temp (C) <u>19.6</u>	pH <u>7.0</u>	Sample Depth <u>0.2</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>143</u>		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <u>0.1</u>	Comments					
Location <u>Jackson at New Warrington</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>2.16.2016</u> Time <u>1215</u>		Eastern ☒ Central	Composite end Date _____ Time _____		Bottle Group(s)
Field ID <u>G1</u>		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen <u>7.4</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		<u>A</u>
STORET # <u>33020222</u>		Temp (C) <u>20.4</u>	pH <u>6.9</u>	Sample Depth <u>0.2</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>127</u>		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <u>0.1</u>	Comments					
Location <u>Bayou Chico at Navy Blvd.</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>2.16.2016</u> Time <u>1320</u>		Eastern ☒ Central	Composite end Date _____ Time _____		Bottle Group(s)
Field ID <u>C</u>		Matrix (type, e.g., Salt, Fresh, etc) <u>Salt</u>		Diss. Oxygen <u>9.3</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		<u>A</u>
STORET # <u>3302JE20</u>		Temp (C) <u>17.9</u>	pH <u>6.6</u>	Sample Depth <u>0.2</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>11648</u>		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <u>6.7</u>	Comments					
Location <u>Bayou Chico at "W" At.</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>2.16.2016</u> Time <u>1340</u>		Eastern ☒ Central	Composite end Date _____ Time _____		Bottle Group(s)
Field ID <u>B</u>		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen <u>5.8</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		<u>A</u>
STORET # <u>3302QJF1</u>		Temp (C) <u>19.4</u>	pH <u>6.9</u>	Sample Depth <u>0.2</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>1348</u>		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <u>0.7</u>	Comments					

Relinquished By:	Date/Time	Shipping Method	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
							<u>MB</u>	<u>2/17/16/9:41</u>

Group: A	Bottle Type:	BP-1L	# of Bottles: 9	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	CHLSUITE-W					

Group: A	Bottle Type:	TEST HAS NO BOTTLE	# of Bottles: 9	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	NW-UWF-ENT					
	NW-UWF-FC					

Group: A	Bottle Type:	P-250ML	# of Bottles: 9	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	TURBIDITY					

Group: A	Bottle Type:	P-500ML	# of Bottles: 9	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab _____	
	W-NH3					
	W-NO2NO3					
	W-S-A-TP					
	W-TKN					

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Customer: NW-DIST

Requester: Cheryl Bunch

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Project ID: BMAP

Collected By: D. Morton, M. Taylor, J. Munn

Sampling Agency: ESCWOL

Location <u>Bayou Chico at "W" H-Dep</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>2-16-2016</u> Time <u>1405</u>		Eastern ☒ Central	Composite end Date _____ Time _____		Bottle Group(s) (See pg 2) <u>A</u>
Field ID <u>B - duplicate</u>		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)		
STORET #		Temp (C)		pH		Sample Depth ☐ ft ☐ m		
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt)		Comments		
Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____		Eastern ☐ Central	Composite end Date _____ Time _____		
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)		
STORET #		Temp (C)		pH		Sample Depth ☐ ft ☐ m		
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt)		Comments		
Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____		Eastern ☐ Central	Composite end Date _____ Time _____		
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)		
STORET #		Temp (C)		pH		Sample Depth ☐ ft ☐ m		
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt)		Comments		
Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____		Eastern ☐ Central	Composite end Date _____ Time _____		
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)		
STORET #		Temp (C)		pH		Sample Depth ☐ ft ☐ m		
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt)		Comments		

Relinquished By:	Date/Time	Shipping Method	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
							<u>MLB</u>	<u>2/17/16/9:41</u>

Group: A	Bottle Type:	BP-1L	# of Bottles: 9	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	CHLSUITE-W					
Group: A	Bottle Type:	TEST HAS NO BOTTLE	# of Bottles: 9	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	NW-UWF-ENT					
	NW-UWF-FC					
Group: A	Bottle Type:	P-250ML	# of Bottles: 9	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	TURBIDITY					
Group: A	Bottle Type:	P-500ML	# of Bottles: 9	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab _____	
	W-NH3					
	W-NO2NO3					
	W-S-A-TP					
	W-TKN					

Document Reference # 05.1.0

Sampler's initials: MT, DM, JM

Date/Time: 2/16/2014 1:15:17

Instructions: Fill in all fields except "Lab ID" on sample transport form completely. Each sample container must use a separate line. Place this form in a waterproof bag and place it with the samples for transport. If a field log or other chain of custody is attached, that information may be referenced on this form and the log or COC attached.

[illegible]

* Lab did not use Lab duplicate but it had a different collection time 2/16/2016

Sampler's name: M. Taylor, D. Morton, J. Munro

³ Recorded using IRT-2

Date of Request: 14-DEC-2015
 Created By: BUNCH_CA On: 14-DEC-2015
 Modified By: WATTS_J On: 14-DEC-2015
 Customer: NW-DIST
 Project: BMAP
 Division: Division of Environmental Assessment and Restoration
 District: Northwest District
 Sampling Event: Bayou Chico BMAP

Send Coolers To:

Phone: 850-595-8300
 160 Government Center
 Suite 308
 Pensacola, FL 32502-5794
 Attn: Cheryl Bunch

Program Module Number:

Priority: 3
 Event Status: S
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 14-DEC-2015
 Biology Request Reviewed By: WATTS_J On: 14-DEC-2015
 Sampling Kit Required: YES Ship on: 31-DEC-2015
 Sampling Kit Shipped: YES On: 29-DEC-2015
 Sampling Kit Packed By: SHAIK_A
 Preservatives Needed: NO
 Date to Receive Samples: 11-JAN-2016
 Received By:

Send Final Report To:

160 Government Center
 Suite 308
 Pensacola, FL 32502-5794
 Attn: Cheryl Bunch

Report Type: Final Only
 FTP Data: NO
 QC Report: YES
 Date Log: NO
 Authorization Log: NO

Comments:**Bottle Group A (Water) With 9 Samples:**

Bottle Type: BP-1L	Number of Bottles: 9	Preserved With: ICE
CHLSUITE-W	Template: DEFAULT	(SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, phaeophytin and ratio by spectrophotometry
Bottle Type: TEST HAS NO	Number of Bottles: 9	Preserved With: ICE
NW-UWF-ENT	Template: DEFAULT	(EPA 1600 (MF)) Enterococci by membrane filter method by UWF Overflow Laboratory for NWD
NW-UWF-FC	Template: DEFAULT	(SM 9222 D) Fecal coliforms by membrane filter method by UWF Overflow Laboratory for NWD
Bottle Type: P-250ML	Number of Bottles: 9	Preserved With: ICE
TURBIDITY	Template: DEFAULT	(EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices
Bottle Type: P-500ML	Number of Bottles: 9	Preserved With: ICE And H2SO4
W-NH3	Template: DEFAULT	(EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L
W-NO2NO3	Template: DEFAULT	(EPA 353.2 Rev. 2.0) Nitrite/Nitrate in aqueous matrices as mg N/L
W-S-A-TP	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Total Phosphorus in aqueous matrices as mg P/L
W-TKN	Template: DEFAULT	(EPA 351.2 Rev. 2.0) Total Kjeldahl Nitrogen in aqueous matrices

Log-in Checklist

RQ- 2016-01-11-04

Shipping Method: Fedex

Date/Time of Receipt: 2/17/16/9:41

Cooler ID	Cooler Temperature*	No. Sample Containers in Cooler	Evidence Tape		*Intact?		Tracking # (fill-out only if waybill copy is damaged)
			Present?		Yes	No	
Blue	-1.3	12		✓			
Red	-1.1	15		✓			

*If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX), or if Evidence Seal is damaged, identify the containers in the affected cooler(s) on back of this form.

****Note:** If "No" is checked in any of the fields below, fill out the back of this form with additional details (Field ID, Test IDs, etc.) and generate an NCR.

****Chain Of Custody/ Field Sheet(s) Included?** Yes ✓ No

CONTAINER CHECK

****Evidence Tape on Bottles?** Yes No ✓ If yes, is it intact? Yes No

****Caps on tight?** Yes ✓ No ****Containers intact?** Yes ✓ No

****Sufficient Sample Volume:** Yes ✓ No

CHLORINE CHECK (Blue dot on container)

Check the Box marked "Yes" or "No" for the Presence of Chlorine. If Cl detected, an NCR is required.					
Analysis	Yes	No	Analysis	Yes	No
W-1,4 DIOX			W-PC-AA-SF		
W-AHERB-AA (-AHB-AA-R)			W-PCL-SQ (-R)		
W-BNA (-625, -R)			W-PDQUAT		
W-CARB-AA (-CAB-AA-R)			W-PESTNP-R		
W-ENDO-AA			W-PSCL-TQ		
W-GLYPH			W-PSNP-TQ		
W-NP-AA-SF			W-PST-CL-R		
W-PAH (-R)			W-TR-TQ		
W-PCB-R					

PRESERVATION CHECK (EXCLUDING SAMPLES SENT TO OVERFLOW LABS, "OV-")

****Acid Preserved Samples:** pH ≤ 2.0? Yes ✓ No NA Init: NB

****W-1-4-DIOX (Green dot on container) preserved to pH < 4.0?** Yes No NA ✓ Init: NB

Coolers Unpacked/Checked by: NB Date: 2/17/16 NCRs (Y/N)? N

Event ID: NW-DIST-2016-02-17-04 NCR #

Log-in Checklist

Samples with Incorrect pH Preservation or presence of Chlorine

Field ID	Bottle Test ID(s)	pH / Cl	Action Taken

Samples in Coolers with Incorrect Preservation or Damaged Evidence Tape

Cooler ID	Field ID	Bottle Test ID(s)

Bottles Not Intact

Field ID	Bottle Test ID(s)	Loose Cap	Damaged Cap		Damaged Container		Evidence Tape Not Intact
			CK	BR	CK	BR	

Samples with Insufficient Volume for Analyses

Field ID	Bottle Test ID(s)	Action Taken

ENCORE SAMPLES

S-VOC-MS samples in Encores must be frozen within 48 hours of collection.

Were Encore samples received? Yes _____ No ✓

Date and Time Placed in Freezer _____

Were all samples placed in freezer within 48 hours of collection? Yes _____ No _____

If no, were samples shipped on dry ice? Yes _____ No _____

FOR CLEAN LAB USE ONLY – Methyl Mercury Preservation Check:

Samples Preserved within 48 hours? Yes _____ No _____

Date and time samples preserved: _____

Additional Comments:

00810

01000

17716

fedex.com 1800.GoFedEx 1800.463.3339

05718036

FedEx Package
Express US AirbillFedEx
Tracking
Number

8092 3436 8729

1 From

Date

Sender's
Name

Company

Address

City

State

ZIP

2 Your Internal Billing Reference

3 To

Recipient's
Name

Phone

Company

Address

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City

State

ZIP

HOLD Weekday
FedEx location address
REQUIRED. NOT available for
FedEx First Overnight.HOLD Saturday
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.

8092 3436 8729

0120775907

Form
ID No.

0215

4 Express Package Service

* To most locations.

NOTE: Service order has changed. Please select carefully.

Next Business Day

☐ FedEx First Overnight
Earliest next business morning delivery to select
locations. Friday shipments will be delivered on
Monday unless SATURDAY Delivery is selected.☒ FedEx Priority Overnight
Next business morning.* Friday shipments will be
delivered on Monday unless SATURDAY Delivery
is selected.☐ FedEx Standard Overnight
Next business afternoon.*
Saturday Delivery NOT available.

2 or 3 Business Days

☐ FedEx 2Day A.M.
Second business morning.*
Saturday Delivery NOT available.☐ FedEx 2Day
Second business afternoon.* Thursday shipments
will be delivered on Monday unless SATURDAY
Delivery is selected.☐ FedEx Express Saver
Third business day.*
Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.

☐ FedEx Envelope*☐ FedEx Pak*☐ FedEx
Box☐ FedEx
Tube☒ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.☐ No Signature Required
Package may be left without
obtaining a signature for delivery.☐ Direct Signature
Someone at recipient's address
may sign for delivery. Fee applies.☐ Indirect Signature
If no one is available at recipient's
address, someone at a neighboring
address may sign for delivery. For
residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

One box must be checked.

☐ No☐ Yes
As per attached
Shipper's Declaration.☐ Yes
Shipper's Declaration
not required.☐ Dry Ice, 9 UN 1845 _____ x _____ kg☐ Cargo Aircraft OnlyDangerous goods (including dry ice) cannot be shipped in FedEx packaging
or placed in a FedEx Express Drop Box.

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

Obtain recip.
Acct. No. ☐☐ Sender
Acct. No. in Section
1 will be billed.☒ Recipient☐ Third Party☐ Credit Card☐ Cash/Check

Total Packages

Total Weight

Credit Card Auth.

*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

611

fedex.com 1800.GoFedEx 1800.463.3339

00809

01000

17716

fedex.com 1800.GoFedEx 1800.463.3339

05718036

FedEx Package
Express *US Airbill*
FedEx
Tracking
Number

8092 3436 8718

1 From

Date

Sender's
Name

Phone

Company

Address

Dept./Floor/Suite/Room

City

State

ZIP

2 Your Internal Billing Reference

3 To

Recipient's
Name

Phone

Company

Address

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City

State

ZIP

 HOLD Weekday
FedEx location address
REQUIRED. NOT available for
FedEx First Overnight.

 HOLD Saturday
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.


8092 3436 8718

0120775907

Form
ID No.

0215

MUR3

Recipient's Copy

4 Express Package Service

* To most locations.

Packages up to 150 lbs.

For packages over 150 lbs., use the
FedEx Express Freight US Airbill.

NOTE: Service order has changed. Please select carefully.

Next Business Day

- ☐ FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☒ FedEx Priority Overnight
Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☐ FedEx Standard Overnight
Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

- ☐ FedEx 2Day A.M.
Second business morning.* Saturday Delivery NOT available.
- ☐ FedEx 2Day
Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☐ FedEx Express Saver
Third business day.* Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.

- ☐ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☒ Other

6 Special Handling and Delivery Signature Options

- ☐ SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

- ☐ No Signature Required
Package may be left without obtaining a signature for delivery.

- ☐ Direct Signature
Someone at recipient's address may sign for delivery. Fee applies.

- ☐ Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

One box must be checked.

- ☐ No ☐ Yes
As per attached Shipper's Declaration. ☐ Yes
Shipper's Declaration not required. ☐ Dry Ice
Dry ice, 9, UN 1845 x kg ☐ Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

Obtain recip.
Acct. No.

- ☐ Sender Acct. No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages

Total Weight

Credit Card Auth.

*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

611

fedex.com 1800.GoFedEx 1800.463.3339