

Bayou Chico BMAP

last revised Nov 10, 2015

Central Laboratory Submittal Form

Customer: NW-DIST

Requester: Cheryl Bunch

Field Report Prepared By:

Project ID: BMAP

Collected By:

Sampling Agency:

Location <u>Stander's Beach</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>4.18.2016</u> Time <u>0925</u>	Eastern ☒ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID <u>F</u>	Matrix (type, e.g., Salt, Fresh, etc) <u>Salt</u>	Diss. Oxygen <u>8.6</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET # <u>33020J10</u>	Temp (C) <u>20.3</u>	pH <u>7.0</u>	Sample Depth <u>0.2</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>12105</u>	<u>A</u>
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <u>7.0</u>	Comments			
Location <u>Mandala Dr.</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>4.18.2016</u> Time <u>0950</u>	Eastern ☒ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID <u>E</u>	Matrix (type, e.g., Salt, Fresh, etc) <u>Brackish</u>	Diss. Oxygen <u>9.0</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET # <u>33020JD4</u>	Temp (C) <u>20.9</u>	pH <u>7.3</u>	Sample Depth <u>0.2</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>4261</u>	<u>A</u>
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <u>2.3</u>	Comments			
Location <u>Jones at Old Conroy</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>4.18.2016</u> Time <u>1015</u>	Eastern ☒ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID <u>D</u>	Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>	Diss. Oxygen <u>5.9</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET # <u>33020118</u>	Temp (C) <u>19.8</u>	pH <u>7.2</u>	Sample Depth <u>0.2</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>666</u>	<u>A</u>
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <u>0.0</u>	Comments			
Location <u>Clean Equipment Blank</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>4.18.2016</u> Time <u>1030</u>	Eastern ☒ Central	Composite end Date _____ Time _____	Bottle Group(s)
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)	<u>A</u>
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>[Signature]</u>	<u>04-19-16</u> <u>09:25</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						

Bayou Chico BMAP

last revised Nov 10, 2015

Central Laboratory Submittal Form

Customer: NW-DIST

Requester: Cheryl Bunch

Field Report Prepared By:

Project ID: BMAP

Collected By:

Sampling Agency:

Location <i>Jackson at Old Covey</i>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>4.18.2016</i> Time <i>1050</i>	Eastern ☒ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID <i>A</i>	Matrix (type, e.g., Salt, Fresh, etc) <i>Fresh</i>	Diss. Oxygen <i>7.9</i>	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	<i>A</i>	
STORET # <i>33020221</i>	Temp (C) <i>22.0</i>	pH <i>6.8</i>	Sample Depth <i>0.2</i>	Sp. Conductance (umho/cm) <i>187</i>		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <i>0.1</i>	Comments			
Location <i>Jackson at New Warrington</i>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>4.18.2016</i> Time <i>1110</i>	Eastern ☒ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID <i>G1</i>	Matrix (type, e.g., Salt, Fresh, etc) <i>Fresh</i>	Diss. Oxygen <i>7.0</i>	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	<i>A</i>	
STORET # <i>33020222</i>	Temp (C) <i>23.1</i>	pH <i>6.8</i>	Sample Depth <i>0.2</i>	Sp. Conductance (umho/cm) <i>125</i>		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <i>0.1</i>	Comments			
Location <i>Field D.p. Jackson @ New Warrington</i>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>4.18.2016</i> Time <i>1115</i>	Eastern ☒ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID <i>G1-D.p</i>	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	<i>A</i>	
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments			
Location <i>Bayou Chico @ Navy Blvd.</i>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <i>4.18.2016</i> Time <i>1155</i>	Eastern ☒ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID <i>C</i>	Matrix (type, e.g., Salt, Fresh, etc) <i>Brackish</i>	Diss. Oxygen <i>8.6</i>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	<i>A</i>	
STORET # <i>3302JE20</i>	Temp (C) <i>22.7</i>	pH <i>6.8</i>	Sample Depth <i>0.2</i>	Sp. Conductance (umho/cm) <i>4012</i>		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <i>2.2</i>	Comments			

Relinquished By:	Date/Time	Shipping Method	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
			<i>AFB</i>	<i>4-18-16 09:25</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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last revised Nov 10, 2015

Central Laboratory Submittal Form

Customer: NW-DIST

Requester: Cheryl Bunch

Field Report Prepared By: M. Taylor

Project ID: BMAP

Collected By: D. Norton + M. Taylor

Sampling Agency: ESCWA

Location <u>Bayou Chico at W Sheet</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>4.18.2016</u> Time <u>1220</u>		Eastern ☒ Central	Composite end Date _____ Time _____		Bottle Group(s) (See pg 2) <u>A</u>
Field ID <u>B</u>		Matrix (type, e.g., Salt, Fresh, etc) <u>Brackish</u>		Diss. Oxygen <u>5.7</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET # <u>33020TF1</u>		Temp (C) <u>23.2</u>	pH <u>6.8</u>	Sample Depth <u>0.2</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>758</u>		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <u>0.4</u>		Comments				
Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____		Eastern ☐ Central	Composite end Date _____ Time _____		Bottle Group(s)
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		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____		Eastern ☐ Central	Composite end Date _____ Time _____		Bottle Group(s)
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		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____		Eastern ☐ Central	Composite end Date _____ Time _____		Bottle Group(s)
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				

Relinquished By:	Date/Time	Shipping Method	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
			<u>[Signature]</u>	<u>4-19-16</u> <u>09:05</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

Page 1 of 1

Date/Time: 4.18.2016 / 1455

Date/Time: 4/18/2016 1455

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]

Comments: RQ-20110-03-21-110 Sample Container Lot #: L15183

Phone:

Sampler's name: _____

¹Matrix: SW = surface water, PW = pore water, GW = ground water, S = soil/sediment, X =

³ Recorded using IRT-2

Date of Request: 22-FEB-2016
 Created By: BUNCH_CA On: 22-FEB-2016
 Modified By: WATTS_J On: 01-MAR-2016
 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: R
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 01-MAR-2016
 Biology Request Reviewed By: SWANSON_C On: 25-FEB-2016
 Sampling Kit Required: YES Ship on: 08-MAR-2016
 Sampling Kit Shipped: YES On: 07-MAR-2016
 Sampling Kit Packed By: KITCHEN_S
 Preservatives Needed: NO
 Date to Receive Samples: 21-MAR-2016
 Received By: SHAIK_A On: 19-APR-2016

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

Shipping Method: Fed Exp

Date/Time of Receipt: 04-19-16/9:25

Cooler ID	Cooler Temperature*	No. Sample Containers in Cooler	Evidence Tape				Tracking # (fill out only if waybill copy is damaged)
			Present?		*Intact?		
			Yes	No	Yes	No	
BLUE	0.2 C	15		✓			8099 4719 3230
Red	1.2 C	12		✓			

*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: AD

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

Coolers Unpacked/Checked by: AD Date: 4-19-16 NCRs (Y/N)? 2

Event ID: Bayou Chico BMAP
NW-DIST-2016-04-19-01 (BMAP)
 Date Received: 19-APR-2016 09:25

NCR # 2

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:

4.18.2016
Cheryl Bunch
FDEP
160 Government Center 308
Pensacola FL ZIP 32502
Internal Billing Reference

Recipient's Name: SAMPLE RECEIVING Phone: 850 245-8085

Company: FLORIDA DEP/CHEMISTRY SECTION

Address: 2600 BLAIRSTONE RD

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

Address: TALLAHASSEE

City: TALLAHASSEE State: FL ZIP: 32399

0122645602



8099 4719 3230

4 Express Package Service

To most locations.

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

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

Fees may apply. See the FedEx Service Guide.

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.

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

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

☐ Cargo Aircraft Only

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill to:

Sender
Account 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.

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Rev. Date 5/15 • Part #183134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SPW

1 From
Date: 4.18.2016
Sender's Name: Cheryl Bunch
Company: FDEP
Address: 160 Government Center 308
City: Pensacola State: FL ZIP: 32502
2 Your Internal Billing Reference
3 To
Recipient's Name: SAMPLE RECEIVING Phone: 850 245-8085
Company: FLORIDA DEP/CHEMISTRY SECTION
Address: 2600 BLAIRSTONE RD
We cannot deliver to P.O. boxes or P.O. ZIP codes.
Address: TALLAHASSEE
City: TALLAHASSEE State: FL ZIP: 32399

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.

0122645602



4 Express Package Service

To most locations.

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

6 Special Handling and Delivery Signature Options

Fees may apply.

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.

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

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill to:

Sender
Account No. in Section 1 will be billed.

☒ Recipient

☐ Third Party

☐ Credit Card

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.