

Bayou Chico BMAP

Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: NW-DIST

Requester: Cheryl Bunch

Field Report Prepared By: D. Mutton

Project ID: BMAP

Collected By: Dan MuttonSampling Agency: ESC WQLM

Location	Pensacola Bay at Sanders Beach		☐ Comp ☒ Grab	Collection (comp begin or grab) Date	Eastern Central	Composite end Date	Time	Bottle Group(s) (See pg 2)
Field ID	RQ-2017-05-15-18	Field ID STORET	Matrix (type, e.g., Salt, Fresh, etc)	S	Diss. Oxygen	6.8 95	☒ mg/L ☒ % sat	Total Res. Chlorine (mg/L)
STORET	Date: 6.19.2017 Time: 1015	33020J10	Temp (C)	28.9	pH	7.4	Sample Depth	0.2
Latitude	☐ dms	☐ dd ☐ dms	Salinity (ppt)	12.1	Comments			
Location	Bayou Chico at Mandalay Park		☐ Comp ☒ Grab	Collection (comp begin or grab) Date	Eastern Central	Composite end Date	Time	Bottle Group(s)
Field ID	RQ-2017-05-15-18	Field ID STORET	Matrix (type, e.g., Salt, Fresh, etc)	S	Diss. Oxygen	8.3 11	☒ mg/L ☒ % sat	Total Res. Chlorine (mg/L)
STORET	Date: 6.19.2017 Time: 1045	33020JD4	Temp (C)	29.1	pH	7.6	Sample Depth	0.2
Latitude	☐ dms	☐ dd ☐ dms	Salinity (ppt)	6.0	Comments			
Location	Jones Creek at Old Corry Road		☐ Comp ☒ Grab	Collection (comp begin or grab) Date	Eastern Central	Composite end Date	Time	Bottle Group(s)
Field	RQ-2017-05-15-18	Field ID STORET	Matrix (type, e.g., Salt, Fresh, etc)	FW	Diss. Oxygen	5.0 62	☒ mg/L ☒ % sat	Total Res. Chlorine (mg/L)
STORET	Date: 6.19.2017 Time: 1125	33020118	Temp (C)	25.9	pH	7.7	Sample Depth	0.2
Latitude	☐ dms	☐ dd ☐ dms	Salinity (ppt)	0.0	Comments			
Location	Jackson Creek at Old Corry Road		☐ Comp ☒ Grab	Collection (comp begin or grab) Date	Eastern Central	Composite end Date	Time	Bottle Group(s)
Field	RQ-2017-05-15-18	Field ID STORET	Matrix (type, e.g., Salt, Fresh, etc)	FW	Diss. Oxygen	7.0 34	☒ mg/L ☒ % sat	Total Res. Chlorine (mg/L)
STORET	Date: 6.19.2017 Time: 1200	33020221	Temp (C)	25	pH	7.2	Sample Depth	0.2
Latitude	☐ dms	☐ dd ☐ dms	Salinity (ppt)	0.1	Comments			

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
					06-20-17/1010

 06-21-17/09:50

Group: A	Bottle Type:	BP-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	CHLSUITE-W					
Group: A	Bottle Type:	TEST HAS NO BOTTLE	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	NW-UWF-ENQ					
Group: A	Bottle Type:	P-250ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	TURBIDITY					
Group: A	Bottle Type:	P-500ML	# of Bottles: 4	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
	W-NH3					
	W-NO2NO3					
	W-S-A-TP					
	W-TKN					
Group: B	Bottle Type:	BP-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	CHLSUITE-W					
Group: B	Bottle Type:	TEST HAS NO BOTTLE	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	NW-UWF-ECQ					
Group: B	Bottle Type:	P-250ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	TURBIDITY					
Group: B	Bottle Type:	P-500ML	# of Bottles: 4	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
	W-NH3					
	W-NO2NO3					
	W-S-A-TP					
	W-TKN					

Central Laboratory Submittal Form

Customer: NW-DIST

Requester: Cheryl Bunch

Field Report Prepared By: D. Masten

Project ID: BMAP

Collected By: Dana Minton

Sampling Agency: ESC/WQCM

Location				☐ Comp ☐ Grab		Collection (comp begin or grab) DateTime		Eastern Central DateTime		Composite end DateTime		Bottle Group(s) (See pg 2)			
Field ID		Jackson Creek at New Warrington Road RQ-2017-05-15-18		E Field ID ↑ STORET ↓ Barcode 33020222		Matrix (type, e.g., Salt, Fresh, etc) fw		Diss. Oxygen 6.9 / 84% ☒ mg/L ☒ % sat		Total Res. Chlorine (mg/L)					
STORET		Date: 6-19-2017 Time: 1220				Temp (C) 25.6 pH 7.2		Sample Depth 0.2 ☐ ft ☒ m		Sp. Conductance (umho/cm) 119					
Latitude		☐ dms				☐ dd ☐ dms		Salinity (ppt) 0.1		Comments					
Location		Bayou Chico at Navy Blvd Bridge RQ-2017-05-15-18		F Field ID ↑ STORET ↓ Barcode 3302JE20		☐ Comp ☒ Grab		Collection (comp begin or grab) DateTime		Eastern Central DateTime		Composite end DateTime		Bottle Group(s)	
Field ID		Date: 6-19-2017 Time: 1340				Matrix (type, e.g., Salt, Fresh, etc) Salt		Diss. Oxygen 11.2 150% ☒ mg/L ☒ % sat		Total Res. Chlorine (mg/L)					
STORET						Temp (C) 29.7 pH 6.7		Sample Depth 0.2 ☐ ft ☒ m		Sp. Conductance (umho/cm) 3897					
Latitude		☐ dms				☐ dd ☐ dms		Salinity (ppt) 3.2		Comments					
Location		Bayou Chico at W Street RQ-2017-05-15-18		G Field ID ↑ STORET ↓ Barcode 33020JF1		☐ Comp ☒ Grab		Collection (comp begin or grab) DateTime		Eastern Central DateTime		Composite end DateTime		Bottle Group(s)	
Field ID		Date: 6-19-2017 Time: 1416				Matrix (type, e.g., Salt, Fresh, etc) fw		Diss. Oxygen 4.9 62% ☒ mg/L ☒ % sat		Total Res. Chlorine (mg/L)					
STORET						Temp (C) 27.3 pH 6.9		Sample Depth 0.2 ☐ ft ☒ m		Sp. Conductance (umho/cm) 3211					
Latitude		☐ dms				☐ dd ☐ dms		Salinity (ppt) 1.7		Comments					
Location		Field Blank RQ-2017-05-15-18		FB Field ID ↑ STORET ↓ Barcode		☐ Comp ☐ Grab		Collection (comp begin or grab) DateTime		Eastern Central DateTime		Composite end DateTime		Bottle Group(s)	
Field ID		Date: 06/19/17 Time: 11:40				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		☐ dms				☐ dd ☐ dms		Salinity (ppt)		Comments					

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
					06-20-17/10-10

06-21-17/0.50

Group: A	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
Group: A	Bottle Type: NW-UWF-ENQ	TEST HAS NO BOTTLE	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
Group: A	Bottle Type: TURBIDITY	P-250ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
Group: A	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN	P-500ML	# of Bottles: 4	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
Group: B	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
Group: B	Bottle Type: NW-UWF-ECQ	TEST HAS NO BOTTLE	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
Group: B	Bottle Type: TURBIDITY	P-250ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
Group: B	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN	P-500ML	# of Bottles: 4	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab _____

Date of Request: 14-APR-2017
 Created By: BUNCH_CA On: 14-APR-2017
 Modified By: WATTS_J On: 01-MAY-2017
 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-MAY-2017
 Biology Request Reviewed By: SWANSON_C On: 28-APR-2017
 Sampling Kit Required: YES Ship on: 03-MAY-2017
 Sampling Kit Shipped: YES On: 03-MAY-2017
 Sampling Kit Packed By: REAVES_S
 Preservatives Needed: NO
 Date to Receive Samples: 15-MAY-2017
 Received By: SHAIK_A On: 20-JUN-2017

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: NEED BY MAY 10

Bottle Group A (Water) With 4 Samples:

Bottle Type: BP-1L	Number of Bottles: 4	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: 4	Preserved With: ICE
NW-UWF-ENQ	Template: DEFAULT	(Enterolert/QT) Enterococci by Enterolert Quanti-Tray method by UWF Overflow Laboratory for NWD
Bottle Type: P-250ML	Number of Bottles: 4	Preserved With: ICE
TURBIDITY	Template: DEFAULT	(EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices
Bottle Type: P-500ML	Number of Bottles: 4	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

Bottle Group B (Water) With 4 Samples:

Bottle Type: BP-1L	Number of Bottles: 4	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: 4	Preserved With: ICE
NW-UWF-ECQ	Template: DEFAULT	(SM 9223 Quanti-Tray) Escherichia coli by Colilert 18 Quanti-Tray method by UWF Overflow Laboratory for NWD
Bottle Type: P-250ML	Number of Bottles: 4	Preserved With: ICE
TURBIDITY	Template: DEFAULT	(EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices
Bottle Type: P-500ML	Number of Bottles: 4	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-2017-05-15-18

Shipping Method: Fed Ex

Date/Time of Receipt: 06-20-17/10-10

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				
Red	2-3C	12					
Red							

*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			W-CT-CI-R		

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

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

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

Coolers Unpacked/Checked by: ABP Date: 6-20-17 NCRs (Y/N)? ABP

Event ID: - Bayou Chico BMAP
NW-DIST-2017-06-20-01 (BMAP)
Date Received: 20-JUN-2017 10:10

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 – Total Mercury Preservation Check (W-HG-AF; W-HG-AF-F):

Samples preserved within 48 hours? Yes____ No____

Date and time samples preserved: _____

Additional Comments:

01000

FedEx
ExpressPackage
US AirbillFedEx
Tracking
Number

8113 0562 7881

19345

fedex.com 1800.GoFedEx 1800.463.3339

1 From
Date _____
Sender's Name Cheryl A. [unclear] Phone [unclear]
Company F O E P
Address 100 W. [unclear] - 54 Dept./Room/Suite/Room
City [unclear] State FL ZIP [unclear]

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 Dept./Room/Suite/Room
We cannot deliver to P.O. boxes or P.O. ZIP codes.
Address _____
Use this line for the HOLD location address or for continuation of your shipping address.
City TALLAHASSEE State FL ZIP 32309

0123430468



8113 0562 7881

0215 **1/2** **Package**

4 Express Package Service * To most locations. Packages up to 150 lbs. Per package over 150 lbs., see 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 \$200.
☐ **FedEx Envelope*** ☐ **FedEx Pak*** ☐ **FedEx Box** ☐ **FedEx Tube** ☒ **Other**

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.
☐ **Secure Delivery**
 NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
☐ **No Signature Required**
 Packages 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, # U.N. 1845 _____ kg
 Restrictions apply for dangerous goods — see the current FedEx Service Guide. ☐ **Cargo Aircraft Only**

7 Payment Bill to:
 Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No. ☐
☐ **Sender** Acct. No. in Section I will be billed. ☒ **Recipient** ☐ **Third Party** ☐ **Credit Card** ☐ **Cash/Check**
 Total Packages _____ Total Weight _____ Credit Card Auth. _____
 Your liability is limited to US\$500 unless you declare a higher value. See the current FedEx Service Guide for details.
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611

RQ- 2017-05-15-18

Log-in Checklist

Shipping Method: FEDEXDate/Time of Receipt: 06-21-17/09:50

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	Yes	No		
Room	1.2	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			W-CT-CI-R		

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

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

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

Coolers Unpacked/Checked by: ABP Date: 6-21-17 NCRs (Y/N)?

Event ID: Bayou Chico BMAP NCR #
NW-DIST-2017-06-20-01 (BMAP)

Date Received: 21-JUN-2017 09:50

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 – Total Mercury Preservation Check (W-HG-AF; W-HG-AF-F):

Samples preserved within 48 hours? Yes____ No____

Date and time samples preserved: _____

Additional Comments:

01000

FedEx
ExpressPackage
US AirbillFedEx
Tracking
NumberPrecor: 06-21-17
8113 0562 7892

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 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.
Dept./Floor/Suite/Room _____
Address _____
Use this line for the HOLD location address or for continuation of your shipping address.
City TALLAHASSEE State FL ZIP 32399



8113 0562 7892

0126430468

0215

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.**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 morning. 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, 8 UN 1845 _____ x _____ kg
- Restrictions apply for dangerous goods — see the current FedEx Service Guide. ☐ Cargo Aircraft Only

7 Payment

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

Obtain recip.
Acct. No. ☐

- ☐ Sender Acct. No. in Section 7 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages

Total Weight

Credit Card Auth.

*Our liability is limited to US\$500 unless you declare a higher value. See the current FedEx Service Guide for details.

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18344

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