CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

ALS Environmental

9143 Philips Highway, Ste 200 • Jacksonville, FL 32256 (904) 739-2277 • 800-695-7222 x06 • FAX (904) 739-2011

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SR#

CAS Contract

Project Name: MATThew SSO	Project Number: 2016-10-17-75
Project Manager: Jeremy PARRISH	Email Address:
Company/Address: DEAR NED ROC 8800 BAYMEADOWS WAY JAX FL 32256	
Phone #	FAX #
Sampler's Signature	Sampler's Printed Name

ANALYSIS REQUESTED *(Include Method Number and Container Preservative)*

PRESERVATIVE: 8

NUMBER OF CONTAINERS

Fecal Coliform

Preservative Key
0. NONE
1. HCL
2. HNO_3
3. H_2SO_4
4. NaOH
5. Zn. Acetate
6. MeOH
7. $NaHSO_4$
8. Other ICE

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	REMARKS/ ALTERNATE DESCRIPTION
MANDARIN BOAT R.		10/19/16	0850	SW	
E. SIDE LSSR #295			0940		
Big Fishwier			1020		
Memorial Hosp			1035		
ARLington REUNIV			1200		
W. END of MILL COVE			1225		
N. ENT to MILL COVE			1255		

SPECIAL I NSTRUCTIONS/COMMENTS

See QAPP ☐

TURNAROUND REQUIREMENTS
_____ RUSH (SURCHARGES APPLY)
_____ STANDARD
REQUESTED FAX DATE
_____
REQUESTED REPORT DATE
_____

REPORT REQUIREMENTS
____ I. Results Only
____ II. Results + QC Summaries (LCS, DUP, MS/MSD as required)
____ III. Results + QC and Calibration Summaries
____ IV. Data Validation Report with Raw Data
____ V. Specialized Forms / Custom Report
Edata ____Yes ____No

INVOICE INFORMATION
PO #
BILL TO:

SAMPLE RECEIPT: CONDITION/COOLER TEMP: 0.7°C CUSTODY SEALS: Y N

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature	Signature	Signature	Signature	Signature	Signature
Printed Name: Patrick O'Connor	Printed Name: Shaun Lightsey	Printed Name	Printed Name	Printed Name	Printed Name
Firm: DEAR NED ROC	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 10/19/16 1425	Date/Time: 10/19/16 1475	Date/Time	Date/Time	Date/Time	Date/Time

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CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

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SR#

CAS Contract

Project Name: Jax 550	Project Number: 2016-10-17-75
Project Manager: Jeremy M Parrish	Email Address: Jeremy.M.Parrish@dep.state.fl.us
Company/Address: 8800 Baymeadows Way West, Jax Fl 32256, FDEP	
Phone #: 904 256 1700	FAX #:
Sampler's Signature: Jeremy Parrish	Sampler's Printed Name: Jeremy Parrish

ANALYSIS REQUESTED *(Include Method Number and Container Preservative)*

PRESERVATIVE: C

Preservative Key
0. NONE
1. HCL
2. HNO_3
3. H_2SO_4
4. NaOH
5. Zn. Acetate
6. MeOH
7. $NaHSO_4$
8. Other _____

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	NUMBER OF CONTAINERS	Regular Collection	REMARKS/ ALTERNATE DESCRIPTION
Bradley Down		10/17/16	1238	SW		X	
Bradley Impact			1247			X	
Pottsburg North			1322			X	
Pottsburg Impact			1346			X	
Pottsburg South			1355			X	

SPECIAL I NSTRUCTIONS/COMMENTS

See QAPP ☐

SAMPLE RECEIPT: CONDITION/COOLER TEMP: 1.3C CUSTODY SEALS: Y (N)

TURNAROUND REQUIREMENTS
_____ RUSH (SURCHARGES APPLY)
X STANDARD
REQUESTED FAX DATE
REQUESTED REPORT DATE

REPORT REQUIREMENTS
_____ I. Results Only
_____ II. Results + QC Summaries (LCS, DUP, MS/MSD as required)
_____ III. Results + QC and Calibration Summaries
_____ IV. Data Validation Report with Raw Data
_____ V. Specialized Forms / Custom Report
Edata _____Yes _____No

INVOICE INFORMATION
PO #
BILL TO:

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature: Jeremy Parrish	Signature: Chris Hurley	Signature	Signature	Signature	Signature
Printed Name	Printed Name: Chris Harley	Printed Name	Printed Name	Printed Name	Printed Name
Firm	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 10/17/16 1420	Date/Time: 10/17/16 14:20	Date/Time	Date/Time	Date/Time	Date/Time

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CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

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SR#

CAS Contract

Project Name: Jax 550	Project Number: 2016-10-17-75
Project Manager: Jenny Parish	Email Address: Jeremy.M.Parsley@dep.state.fl.us
Company/Address: FDEP 8900 Baymeadows Way West Jax Fl 32256	
Phone #	FAX #
Sampler's Signature	Sampler's Printed Name

ANALYSIS REQUESTED *(Include Method Number and Container Preservative)*

PRESERVATIVE: C

NUMBER OF CONTAINERS | Fecal Coliform

Preservative Key
0. NONE
1. HCL
2. HNO_3
3. H_2SO_4
4. NaOH
5. Zn. Acetate
6. MeOH
7. $NaHSO_4$
8. Other _____

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	NUMBER OF CONTAINERS	Fecal Coliform	REMARKS/ ALTERNATE DESCRIPTION
Mandarin Impact		10/17/16	1315	SW		1	
Royal Fern Impact			1330			1	
Blue Pacific Impact			1350			1	
Creekwood Impact		↓	1420	↓		1	

SPECIAL I NSTRUCTIONS/COMMENTS

See QAPP ☐

SAMPLE RECEIPT: CONDITION/COOLER TEMP: 3.6 CUSTODY SEALS: Y N

TURNAROUND REQUIREMENTS

_____ RUSH (SURCHARGES APPLY)

_____ STANDARD

REQUESTED FAX DATE

_____

REQUESTED REPORT DATE

_____

REPORT REQUIREMENTS

____ I. Results Only

____ II. Results + QC Summaries (LCS, DUP, MS/MSD as required)

____ III. Results + QC and Calibration Summaries

____ IV. Data Validation Report with Raw Data

____ V. Specialized Forms / Custom Report

Edata ____Yes ____No

INVOICE INFORMATION

PO #

BILL TO:

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature:	Signature:	Signature	Signature	Signature	Signature
Printed Name: Brian Davis	Printed Name: ERIC HARLEY	Printed Name	Printed Name	Printed Name	Printed Name
Firm: DEAR, NEU ROC	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 10/17/16 1430	Date/Time: 10/17/16 14:50	Date/Time	Date/Time	Date/Time	Date/Time

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SR#

CAS Contract

Project Name: Jax 550	Project Number: 2016-10-17-75
Project Manager: Jeremy Parrish	Email Address: Jeremy.m.Parrish@dep.state.fl.us
Company/Address: 6500 Baymeadows Way West JAX FL 32256 FDEP	
Phone #: 904) 256-1700	FAX #
Sampler's Signature: [signature]	Sampler's Printed Name: Amy Kalmbacher

ANALYSIS REQUESTED *(Include Method Number and Container Preservative)*

PRESERVATIVE: 8

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	NUMBER OF CONTAINERS	Fecal Coliform	REMARKS/ ALTERNATE DESCRIPTION
Reading Rd Ditch		10/17	1250	W			
Teague Bay Dr. North			1320				
Teague Bay Dr. South			1330				
Glenfield Crossing Impact			1350				
Glenfield Crossing Down			1356				
Eagle Point Impact			1400				
St. Johns Golf Impact			1415				

Preservative Key
0. NONE
1. HCL
2. HNO_3
3. H_2SO_4
4. NaOH
5. Zn. Acetate
6. MeOH
7. $NaHSO_4$
8. Other ICE

SPECIAL INSTRUCTIONS/COMMENTS

See QAPP ☐

TURNAROUND REQUIREMENTS
_____ RUSH (SURCHARGES APPLY)
_____ STANDARD
REQUESTED FAX DATE
_____
REQUESTED REPORT DATE
_____

REPORT REQUIREMENTS
____ I. Results Only
____ II. Results + QC Summaries (LCS, DUP, MS/MSD as required)
____ III. Results + QC and Calibration Summaries
____ IV. Data Validation Report with Raw Data
____ V. Specialized Forms / Custom Report
Edata ____Yes ____No

INVOICE INFORMATION
PO #
BILL TO:

SAMPLE RECEIPT: CONDITION/COOLER TEMP: 1.1C CUSTODY SEALS: Y N

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature: [signature]	Signature: [signature]	Signature	Signature	Signature	Signature
Printed Name: Amy Kalmbacher	Printed Name: Eric Harley	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 10/17/2016 1445	Date/Time: 10/17/2016 14:45	Date/Time	Date/Time	Date/Time	Date/Time

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