ALS Environmental

CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

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

PAGE 1 OF 1

SR#

CAS Contract

Project Name: Hurricane Response	Project Number: 2016-10-17-76
Project Manager: Jeremy Parrish	Email Address: Jeremy.M.Parrish@dep.state.fl.us
Company/Address: FDEP 8800 Baymeadows Way W STE 100 Jacksonville, FL 32256	
Phone #: 904-526-1700	FAX #
Sampler's Signature: Amy Kalmbacher	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
Meadowsweet Up A		10/25/16	1015			
Ft. Caroline Down A			1045			
Townsend Down			1105			
Reading Road Ditch A			1150			
Blue Pacific Down			1210			
Teague Bay Dr. North A			1245			
Meadowsweet Up B			1015			
Ft. Caroline Down B			1045			
Reading Rd Ditch B			1150			
Teague Bay Dr North B			1245			
Pottsburg Creek South			1350			
Pottsburg Creek Impact			1355			

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

REMARKS/ ALTERNATE DESCRIPTION

SPECIAL INSTRUCTIONS/COMMENTS
Pottsburg Creek Impact + Pottsburg Creek

1.2° C

See QAPP ☐

SAMPLE RECEIPT: CONDITION/COOLER TEMP: 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: Amy Kalmbacher	Printed Name	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 10/25/2016 1445	Date/Time: 10.25.16 1445	Date/Time	Date/Time	Date/Time	Date/Time

Distribution: White - Return to Originator; Yellow - Retained by Client

CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

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PAGE _____ OF _____

SR#

CAS Contract

Project Name: Hurricane SSO	Project Number: 2016-10-17-76
Project Manager: Jeremy Parrish	Email Address: JeremyMParrish@dep.state.fl.us
Company/Address: FDEP 8800 Baymeadows Way West Suite 100 Jax Fl 32256	
Phone #: 904 2561700	FAX #
Sampler's Signature	Sampler's Printed Name

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

PRESERVATIVE

NUMBER OF CONTAINERS

Fecal

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 _____

REMARKS/ ALTERNATE DESCRIPTION

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	Fecal	REMARKS/ ALTERNATE DESCRIPTION
Green Upstr. A		10/24	1255		1	
Green Upstr. B			1255		1	
Green Downstr. A			1305		1	
Green Downstr. B			1305		1	
Segovia Downstr. A.			1350		1	
Segovia Downstr. B.			1350		1	
Royal Fern Impact.			1450		1	

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: CUSTODY SEALS: Y N

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature	Signature	Signature	Signature	Signature	Signature
Printed Name: Brian Davis	Printed Name	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 10/25/16 1455	Date/Time: 10.24.16 1455	Date/Time	Date/Time	Date/Time	Date/Time

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SR#

CAS Contract

Project Name: Hurricane Response	Project Number: 2016-10-17-76
Project Manager: Jeremy Parrish	Email Address: Jeremy.M.Parrish@dep.state.fl.us
Company/Address: FDEP 8800 Baymeadows Way West Jax Fl 32256	
Phone #: 904 256 1700	FAX #
Sampler's Signature: Paul Blair	Sampler's Printed Name: Paul Blair

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 ice

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	NUMBER OF CONTAINERS	Fecal Coliform	REMARKS/ ALTERNATE DESCRIPTION
Ribault @ Len Turner/Harbor View Down		10-25-16	10:10	SW	1		
6 Mile @ Impact @ 5th		10-25-16	10:35	SW	2		
6 Mile @ Ribault Down		10-25-16	10:50	SW	2		
Wills Branch @ Impact		10-25-16	11:25	SW	1		
Wills Branch Down 1		10-25-16	11:35	SW	1		
Schindler @ Impact		10-25-16	11:55	SW	1		
Overland Park West		10-25-16	12:15	SW	2		
Overland Park Impact		10-25-16	12:20	SW	1		
Overland Park East		10-25-16	12:30	SW	1		
Fishing Creek Down		10-25-16	12:50	SW	2		
Woodmere West		10-25-16	13:25	SW	1		

SPECIAL I NSTRUCTIONS/COMMENTS

RQ-2016-10-17-76

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:

CUSTODY SEALS: Y N

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature: Paul Blair	Signature: Eric Hurley	Signature	Signature	Signature	Signature
Printed Name: Paul Blair	Printed Name: Eric Hurley	Printed Name	Printed Name	Printed Name	Printed Name
Firm: 8034/Tallahassee ROC	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 10-25-16 14:40	Date/Time: 10.25.16 14:40	Date/Time: Eric Hurley ALS 10.25.16 14:40	Date/Time	Date/Time	Date/Time

Distribution: White - Return to Originator; Yellow - Retained by Client

2:40

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CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

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SR#

CAS Contract

Project Name: Hurricane Response	Project Number: 2016-10-17-76
Project Manager: Jeremy Parrish	Email Address: Jeremp.m.parrish@dep.state.fl.us
Company/Address: FDEP 8800 Baymeadows Way West Jacksonville, FL 32256	
Phone #: 904-256-1700	FAX #
Sampler's Signature: Paul Blair	Sampler's Printed Name: Paul Blair

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

PRESERVATIVE: C

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	NUMBER OF CONTAINERS	Fecal Coliform	REMARKS/ ALTERNATE DESCRIPTION
Royal Fern Impact		10-25-16	14:05	SW	1		
Mandarin @ Impact		10-25-16	14:20	SW	1		

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 I NSTRUCTIONS/COMMENTS

RQ-2016-10-17-76

See QAPP ☐

TURNAROUND REQUIREMENTS
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REQUESTED REPORT DATE
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REPORT REQUIREMENTS
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____ V. Specialized Forms / Custom Report
Edata ____Yes ____No

INVOICE INFORMATION
PO #
BILL TO:

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

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature: Paul Blair	Signature: Eric Harley	Signature	Signature	Signature	Signature
Printed Name: Paul Blair	Printed Name: Eric Harley	Printed Name	Printed Name	Printed Name	Printed Name
Firm: 8034/Tallahassee ROC	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 10-25-16 18:40	Date/Time: 10.25.16 14:40	Date/Time	Date/Time	Date/Time	Date/Time

Distribution: White - Return to Originator; Yellow - Retained by Client

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CAS Contract

Project Name: Hurricane Response	Project Number: 2016-10-17-76
Project Manager: Jeremy Parrish	Email Address: Jeremy.M.Parrish@dep.state.fl.us
Company/Address: FDEP 8800 Baymeadows Way W STE100 Jacksonville, FL 32256	
Phone #: 904-256-1700	FAX #
Sampler's Signature	Sampler's Printed Name: Amy Kalmbacher

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
Whisper Ridge			1000		
Cypress Lakes N Pond			1020		
Cypress Lakes Middle Pond			1040		
Corpus Christie			1115		
Baracoa			1135		
Viscaya Blvd			1145		
Oyster Crk @ Dixie Hwy			1210		
Ocean Woods Dr			1230		
Marsh Creek LS			1255		
Tradewinds Ln Site B			1320		
Tradewinds Ln. Site D			1325		

SPECIAL I NSTRUCTIONS/COMMENTS

See QAPP ☐

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_____ RUSH (SURCHARGES APPLY)
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____ V. Specialized Forms / Custom Report
Edata ____ Yes ____ No

INVOICE INFORMATION
PO #
BILL TO:

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

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
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: 10-26-2016	Date/Time: 10.26.16/14:55	Date/Time	Date/Time	Date/Time	Date/Time

Distribution: White - Return to Originator; Yellow - Retained by Client

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