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

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 West Jax Fl 32256	
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

NUMBER OF CONTAINERS: 1

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 _____

REMARKS/ ALTERNATE DESCRIPTION

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	Fecal Coliform
Wills Branch down 1		10/15/16	0930	SW	X
Wills branch Impact			0940		X
Wills branch down 2			0950		X
Ribault River Down 2			1020		X
Lemile/Ribault Down 1			1030		X
Lemile mill@impact at 5th			1040		X
Cedar Broadway Down			1100		X
fishing creek downstream 1			1120		X
fishing creek Impact@nancy		↓	1130	↓	X

SPECIAL I NSTRUCTIONS/COMMENTS

See QAPP ☐

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:

SAMPLE RECEIPT: CONDITION/COOLER TEMP:

CUSTODY SEALS: Y N

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature: Jeremy Parrish	Signature: Renee C Futch	Signature	Signature	Signature	Signature
Printed Name: Jeremy Parrish	Printed Name: ALS	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP	Firm: 10/18/16 12:10	Firm	Firm	Firm	Firm
Date/Time: 10/18/16 1210	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time

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

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PAGE _____ OF _____

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 #: 904-256-1700	FAX #
Sampler's Signature	Sampler's Printed Name: Amy Kalmbacher

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

PRESERVATIVE: 8

NUMBER OF CONTAINERS: Fecal Coli. form

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 C.C

REMARKS/ ALTERNATE DESCRIPTION

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX
Whisper Ridge			1000	
Cypress Lakes N Pond			1020	
Cypress Lakes Middle Pond			1040	
Corpus Christie			1115	
Barracoa			1135	
Viscaya Blvd			1145	
Oyster Creek @ Dixie Hwy?			1210	
Oceanwoods Dr			1230	
Marsh Creek LS			1255	
Tradewinds Ln Site B			1320	
Tradewinds Ln Site D			1325	

SPECIAL INSTRUCTIONS/COMMENTS:

Pat got Landrum Lane

"Ditch @ South Roscoe Rd & Landrum Lane

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: E Harley	Signature	Signature	Signature	Signature
Printed Name: Amy Kalmbacher	Printed Name: ERIC HARLEY	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP	Firm: AIJ	Firm	Firm	Firm	Firm
Date/Time: 10-26-2016	Date/Time: 10.26.16 14:55	Date/Time	Date/Time	Date/Time	Date/Time

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CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

ALS Environmental

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PAGE _____ OF _____

SR#

CAS Contract

Project Name: Hurricane SSD	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	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 _____

REMARKS/ ALTERNATE DESCRIPTION

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	NUMBER OF CONTAINERS	Fecal coliform
Pottsburg South		10/24	1015			1
~~Pottsburg Impact~~			1030			1
Mayglove Impact			1050			1
Misty Mount. Im. A			1115			1
Misty Mount. Im. B			1115			1
Bear Skin Im. A			1140			1
Bear Skin Im. B			1140			1
Bradley Pound A			1210			1
Bradley Pound B			1210			1
Bradley Im. A			1230			1
Bradley Im. B			1230			1

SPECIAL INSTRUCTIONS/COMMENTS

See QAPP ☐

TURNAROUND REQUIREMENTS

_____ RUSH (SURCHARGES APPLY)

_____ STANDARD

REQUESTED FAX DATE

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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: 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 1614	Date/Time	Date/Time	Date/Time	Date/Time

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