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 _____ OF _____

SR#

CAS Contract

Project Name: Matthew SSO	Project Number: RQ-2016-10-17-76
Project Manager: Jeremy PARRISH	Email Address:
Company/Address: DEAR NED ROC 8800 BAYMEADOWS WAY West	
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	NUMBER OF CONTAINERS	Fecal Coliform	REMARKS/ ALTERNATE DESCRIPTION
Trib to Wills Br @ Mt Vern		10/27/16	1245	SW	1		
Wills Br South @ Mt Vern			1245B	SW	1		
Will Br Down One			1300	SW	1		
Wills Br Down 1			1300B	SW	1		

SPECIAL INSTRUCTIONS/COMMENTS

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: Patrick O'Connor	Signature: Renee C Futch	Signature	Signature	Signature	Signature
Printed Name: Patrick O'Connor	Printed Name: Renee C Futch	Printed Name	Printed Name	Printed Name	Printed Name
Firm: DEAR NED ROC	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 10/27/16 1407	Date/Time: 10/27/16 1407	Date/Time	Date/Time	Date/Time	Date/Time

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

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