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 SSO	Project Number: 2016-10-17-76
Project Manager: Jeremy Parrish	Email Address:
Company/Address: FDEP 8800 Baymeadows Way W, Jax Fl 32256	
Phone #: 904 256 1700	FAX #:
Sampler's Signature: Jeremy Parrish	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		
Wills Herlong		10/28/16	1045	SW		1
Wills Hanson A			1055			1
Wills Hanson B			1055			1
Wills 2.7			1110			1

SPECIAL INSTRUCTIONS/COMMENTS

2.8° 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: Jeremy Parrish	Signature:	Signature:	Signature:	Signature:	Signature:
Printed Name: Jeremy Parrish	Printed Name:	Printed Name:	Printed Name:	Printed Name:	Printed Name:
Firm:	Firm: ALS	Firm:	Firm:	Firm:	Firm:
Date/Time: 10/28/16 1143	Date/Time: 10.28.16 1143	Date/Time:	Date/Time:	Date/Time:	Date/Time:

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