

3419 Trentwood Blvd., Suite 102 – Belle Isle (Orlando), FL 32812-4864 --- Phone: (407) 855-9465 --- Fax: (407) 826-0419

| CUSTODY TRANSFERS  |             |          |       | Method of Shipment:                                                                                                           | Received in Cooler: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br>Cooler Temp. verification: <u>6</u><br>Temp. Blank Provided <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | pH Checked in Laboratory<br>( $< 2$ s.u.): <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>pH Lot #: _____        |
|--------------------|-------------|----------|-------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| RELINQUISHED BY    | RECEIVED BY | DATE     | TIME  |                                                                                                                               |                                                                                                                                                                                                                      |                                                                                                                                       |
| 1. <i>Chicklin</i> | <i>Adi</i>  | 11-13-18 | 14:25 | Delivered Directly to Lab: <input checked="" type="checkbox"/> X<br><br>Shipped By FedEx: _____<br>UPS: _____<br>Other: _____ | Temperature Blank Cooler #1: _____ $^{\circ}$ C<br>Temperature Blank Cooler #2: _____ $^{\circ}$ C<br>Temperature Blank Cooler #3: _____ $^{\circ}$ C                                                                | Sulfuric Acid: Lot # _____<br><br>Chlorine Check<br>( $< 0.1$ mg/l): <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 2.                 |             |          |       |                                                                                                                               |                                                                                                                                                                                                                      |                                                                                                                                       |

|                  |        |
|------------------|--------|
| <b>COMMENTS:</b> | B39585 |
|------------------|--------|