Log-in Checklist

RQ- 2019-10-07-86 **Login Station ID**: _____

Shipping Method: FedEx | UPS | HD | Greyhound Date/Time of Receipt: 10/07/2019 14:41

Cooler Temperature*	Samples Frozen	* All Samples in Cooler Preserved with		Number of Sample Containers in Cooler	Evidence Tape				Tracking # Damaged waybills only
					Present?		*Intact?		
	YES	HNO_3	Formalin		Yes	No	Yes	No	

* HNO3 and Formalin persevered samples do **NOT** have a temperature requirement. For all others, if the temperature of a cooler is above 6.0 ^{O}C (or above 10.0 ^{O}C for W-1-4-DIOX and microbiology), or if Evidence Seal is damaged. Identify the containers in the affected cooler(s) on back of this form. **DOH coolers can exceed 2.0 ^{O}C above standard temperature without customer notification/confirmation.**

****Note:** If "No" is checked below, fill out the back of this form (Field ID, Test IDs, etc.) and generate an **NCR**.

**Chain of Custody/ Field Sheet(s) Included? Yes X No_____

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes X No_____

CONTAINER CHECK

****Evidence Tape on Bottles?** Yes_____ No_____ **If yes, is it intact?** Yes_____ No_____

**Caps on tight? Yes _____ No_____ **Containers intact? Yes_____ No_____

**Sufficient Sample Volume: Yes _____ No_____

CHLORINE CHECK REQUIRED? (Blue dot on container) Yes_____No_____Init:_____

Check the Box marked "Yes" or "No" for the Presence of Chlorine. If Cl detected, an NCR is required.

Analysis	Yes	No	Analysis	Yes	No
W-1,4 DIOX			W-PC-AA-SF		
W-E8321-DI, -MS, -21			W-NP-AA-SF		
W-BNA (-625, -R)			W-PDQUAT		
W-CARB-AA (-CAB-AA-R)			W-PCL-SQ-R		
W-U2060-MS			W-TR-TQ		
W-PCB-R			W-CT-CI-R		
W-PAH (-R)			W-PSNP-TQ		
W-PFAS-MS					

PRESERVATION CHECK (EXCLUDING SAMPLES SENT TO OVERFLOW LABS, "OV-")

**Acid Preserved Samples: pH ≤ 2.0? Yes _____ No _____ NA _____ Init: _____

**W-1-4-DIOX (Green dot on container) preserved to pH< 4.0? Yes_____No_____NA_____ Init: _____

Coolers Unpacked/Checked by: _____ **Date**:_____ **NCRs (Y/N)?** _____

Event ID: NE-DIST-2019-10-11-01 **NCR #** _____

Log-in Checklist

Samples with Incorrect pH Preservation or presence of Chlorine

Field ID	Bottle Test ID(s)	pH / Cl	Action Taken

Samples in Coolers with Incorrect Preservation or Damaged Evidence Tape

Cooler ID	Field ID	Bottle Test ID(s)

Bottles Not Intact

Field ID	Bottle Test ID(s)	Loose Cap	Damaged Cap		Damaged Container		Evidence Tape Not Intact
			CK	BR	CK	BR	

Samples with Insufficient Volume for Analyses

Field ID	Bottle Test ID(s)	Action Taken

Infrared Thermometer ID:	
pH Paper 0.0 – 3.0 Lot #	
pH Paper 0 – 13 Lot #	
Chlorine Test Strips Lot #	

Additional Comments:

ENCORE SAMPLES

S-VOC-MS samples in Encores must be frozen within 48 hours of collection.

Were Encore samples received? Yes_____ No_____

Date and time placed in freezer _____

Were all samples placed in freezer within 48 hours of collection? Yes_____If No_____

no, were samples shipped on dry ice? Yes_____No_____

FOR CLEAN LAB USE ONLY – Total Mercury Preservation Check (W-HG-AF;W-HG-AF-F):

Samples preserved within 48 hours? Yes_____ No_____

Date and time samples preserved: _____

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

ALS Environmental

SR # J1906008
ALS Contact

9143 Philips Highway, Suite 200. Jacksonville, FL 32256
Phone (904) 739-2277 / 800-695-7222 x06 / FAX (904) 739-2011
www.alsglobal.com

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Project Name: SM Hastings	Project Number: RQ-2019-10-07-86
Report To: Jeremy Parrish	Report CC:
Company/Address: FDEP NE ROC	
8800 Baymeadows Way W	
Phone #: (904) 256-1700	FAX #:
Sampler's Signature:	Sampler's Printed Name: Kimberly Appleby

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	Preservative	NUMBER OF CONTAINERS	E. Coli	REMARKS
~~G2NE1202 20030555~~		10/7/19	1255	SW		1	X	Fresh
20030558		10/7/19	1305	SW		1	X	Fresh

Preservative Key: 0. None; 1. HCL; 2. HNO3; 3. H2SO4; 4. NaOH; 5. Zn. Acetate; 6. MeOH; 7. NaHSO4; 8. Other

Special Instructions/Comments:

SAMPLE RECEIPT: CONDITION/COOLER TEMP: 3.9C 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
Edata ___ Yes ___ No

INVOICE INFORMATION
P.O. # _____
Bill to: _____

Relinquished By	Received By	Relinquished By	Received By	Relinquished By	Received By
Signature:	Signature:	Signature:	Signature:	Signature:	Signature:
Printed Name: K. Appleby	Printed Name:	Printed Name:	Printed Name:	Printed Name:	Printed Name: Levi Mason
Firm: FDEP NE ROC	Firm:	Firm:	Firm:	Firm:	Firm: ALS
Date/Time: 10/7/2019 1440	Date/Time:	Date/Time:	Date/Time:	Date/Time:	Date/Time: 10/7/19 1440

RQ-2019-10-07-86

Date of Request: 04-OCT-2019
Created By: PARRISH_J On: 04-OCT-2019
Modified By: JASROTIA_P On: 04-OCT-2019
Customer: NE-DIST
Project: SMP
Division: Division of Environmental Assessment and Restoration
District: Northeast District
Sampling Event: Hastings

Send Coolers To:

Phone: 904-256-1700
8800 Baymeadows Way West
Suite 100
Jacksonville, FL 32256
Attn: Jeremy Parrish

Send Final Report To:

8800 Baymeadows Way West
Suite 100
Jacksonville, FL 32256
Attn: Jeremy Parrish

Program Module Number:
Priority: 3
Event Status: R
Criminal Investigation: NO
Chemistry Request Reviewed By:
Biology Request Reviewed By: JASROTIA_P On: 04-OCT-2019
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 07-OCT-2019
Received By: MIRABITO_A On: 11-OCT-2019

Report Type: Final Only
FTP Data: NO
QC Report: YES
Date Log: NO
Authorization Log: NO

Comments: Group A: (Surf. Fresh) Bacteria

Packing Notes:
None

Bottle Group A (Water) With 4 Samples:

Bottle Type: P-120ML-WC-THI Number of Bottles: 8 Preserved With: ICE
NE-ALS-ECQ Template: DEFAULT (SM 9223 B Quanti-Tray) E. coli by Colilert/QT by ALS in Jacksonville
Escherichia Coli-Quanti-Tray