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

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SR#

CAS Contract

Project Name: LSJR Coast	Project Number: RQ-2018-11-26-13
Project Manager: Jeremy Parrish	Email Address: Deprogerflowmicro@dep.state.fl.us
Company/Address: FDEP DEAR 8800 Baymeadows Way West Jacksonville FL 32256	
Phone #: (904) 256-1700	FAX #
Sampler's Signature: Chyane R	Sampler's Printed Name: Cheyanne Ruben

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

PRESERVATIVE: 8

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	NUMBER OF CONTAINERS	Enterococci
20030491		12-10-18	1035	SW	1	X
G2NE1154		12-10-18	1130	SW	1	X
G2NE1137		12-10-18	1145	SW	1	X
27010002		12-10-18	1215	SW	1	X
~~G2NE1196~~ OR 20030758		12-10-18	1300	SW	1	X

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

REMARKS/ ALTERNATE DESCRIPTION

SPECIAL INSTRUCTIONS/COMMENTS

1.6

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: Chyane R	Signature: Valerie Spears	Signature	Signature	Signature	Signature
Printed Name: Cheyanne Ruben	Printed Name: Valerie Spears	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 12-10-18 @1424	Date/Time: 12/10/18 1425	Date/Time	Date/Time	Date/Time	Date/Time

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