Extraction Sheet ID# _____

Prep Analyst: _____

Date and Time Started: _____

Date and Time Completed: _____

Crosschecked by: _____ **Date:** _____

Please use pull down list to indicate which type of leaching procedure will be performed

Type of Extraction: **TCLP (EPA Method 1311)**

FL DEP SOP MT-068

Note: All measurements of mass are in grams and all measurements of volume are in milliliters, unless denoted otherwise.

Before beginning preparation procedure ensure that all support equipment used is properly calibrated.					
Calibrated Temperature Range:		Thermometer ID:		Calibrated Date:	
Balance Serial Number:		pH Meter Serial Number:		pH Probe Serial Number:	

Sample Information Section

Sample Numbers	Sample 1	Sample 2	Sample 3	Sample 4	Sample 5	Sample 6	Blank 1	Blank 2 (if needed)
Metals Sample ID								
Mercury Sample ID								
Organic Sample ID								

Sample Description and Comments

Sample ID	

Metals TCLP/SPLP Extraction Form

Notes