# Log-in Checklist

**RQ-** _____ **Login Station ID**: _____

Shipping Method: FedEx | UPS | HD | Greyhound |_____ Date/Time of Receipt: _____

| Cooler ID | Cooler Temperature* | No. Sample Containers in Cooler | Evidence Tape | | | | Tracking # (fill out only if waybill copy is damaged) |
|---|---|---|---|---|---|---|---|
| | | | Present? | | *Intact? | | |
| | | | Yes | No | Yes | No | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

*If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX), or if Evidence Seal is damaged, identify the containers in the affected cooler(s) on back of this form.

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

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

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

**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 | | |

**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**: _____ **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: _____