

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: Cradles to Crayons
ADDRESS: 932 South Ave. W
CITY: Westfield STATE: NJ ZIP: 07090
ATTENTION: Cheryl Palhares
PHONE: 908-518-0900 FAX:

PROJECT NAME: Drinking water testing 2026
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

CALL TO: PO#: ADDRESS:
CITY STATE: ZIP:
ATTENTION: PHONE:
ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX (RUSH) 3 Days DAYS*
HARDCOPY (DATA PACKAGE): DAYS*
EDD: DAYS*

☐ Level 1 (Results Only) ☐ Level 4 (QC + Full Raw Data)
☐ Level 2 (Results + QC) ☐ NJ Reduced ☐ US EPA CLP
☐ Level 3 (Results + QC) ☐ NYS ASP A ☐ NYS ASP B
+ Raw Data ☐ Other
☐ EDD FORMAT

*TO BE APPROVED BY CHEMTECH

STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

1. 2. 3. 4. 5. 6. 7. 8. 9.

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	Infant Room A	W		X	3-13-25	0923	1	X									
2.	Waddlers - A					0925	1	X									
3.	Pre-toddler Room Sink A					0927	1	X									
4.	Longe - A					0929	1	X									
5.	Toddler's Sink A					0931	1	X									
6.	Staff Bathroom - A					0932	1	X									
7.	Sick Bathroom - A					0933	1	X									
8.	Directors - office - A					0934	1	X									
9.	Pre K - Bathroom A					0935	1	X									
10.	Kindergarten - Bathroom A					0936	1	X									

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY

RELINQUISHED BY SAMPLER: <u>Cheryl Palhares</u>	DATE/TIME: <u>0945</u> <u>3-13-25</u>	RECEIVED BY: <u>[Signature]</u> <u>0943</u> <u>3-13-25</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>5.5</u> °C
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	Comments:
2.		2.	
RELINQUISHED BY SAMPLER:	DATE/TIME: <u>1025</u> <u>3-13-25</u>	RECEIVED BY:	
3.		3.	

Page 1 of 2

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO

CLIENT INFORMATION

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ADDRESS: **932 South Ave. W**
CITY: **Westfield** STATE: **NJ** ZIP: **07090**
ATTENTION: **Cheryl Palhares**
PHONE: **908-518-0900** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **Drinking water testing 2025**
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

BILL TO: PO#:
ADDRESS:
CITY STATE: ZIP:
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ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) **3 Days** DAYS*
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+ Raw Data ☐ Other
☐ EDD FORMAT

Lead & Copper CPD

1 2 3 4 5 6 7 8 9

PRESERVATIVES

COMMENTS

← Specify Preservatives
A-HCl D-NaOH
B-HNO3 E-ICE
C-H2SO4 F-OTHER

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	2nd Floor - water fountain	W		X	3-13-25	0937	1	X									
2.	1st Floor - water fountain	↓		X	1	0938	1	X									
3.	FB	I			3-13-25	0939	1		X								
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY

RELINQUISHED BY SAMPLER: 1. <i>[Signature]</i>	DATE/TIME: 0945 3-13-25	RECEIVED BY: 1. <i>[Signature]</i>	DATE/TIME: 0945 3-13-25	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 5.5 °C Comments:
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.		
RELINQUISHED BY SAMPLER: 3. <i>[Signature]</i>	DATE/TIME: 1025 3-13-25	RECEIVED BY: 3.		

Page **2** of **2** CLIENT: ☐ Hand Delivered ☐ Other Shipment Complete ☐ YES ☐ NO