

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: **Aramark Uniforms**
ADDRESS: **740 Frelinghuysen Ave.**
CITY: **Newark** STATE: **NJ** ZIP: **07114**
ATTENTION: **Jarrod Mills**
PHONE: **973-824-1101** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: **Monthly**
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

BILL TO: PO#:
ADDRESS:
CITY STATE: ZIP:
ATTENTION: PHONE:

ANALYSIS

DATA TURNAROUND INFORMATION

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

*TO BE APPROVED BY CHEMTECH

STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

DATA DELIVERABLE INFORMATION

☐ 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

1 2 3 4 5 6 7 8 9
TPH
BOD5
TSS

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	PRESERVATIVES									COMMENTS
			COMP	GRAB	DATE	TIME		C	E	E							
1.	Grab	W		✓	3-26-25	1102	1	✓									
2.	Comp	W	✓		3-26-25	1104	2		✓	✓							
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER: DATE/TIME: **1107 3-26-25** RECEIVED BY: **1107 3-26-25**
1. **[Signature]**
RELINQUISHED BY SAMPLER: DATE/TIME: RECEIVED BY:
2. **[Signature]**
RELINQUISHED BY SAMPLER: DATE/TIME: **1215 3-26-25** RECEIVED BY:
3. **[Signature]**

Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP **4.9** °C

Comments:

Page ____ of CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO