



# SHIPPING DOCUMENTS

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING 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:

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

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

ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

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

\*TO BE APPROVED BY CHEMTECH

STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

☐ 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

TPH  
BOD5  
TSS

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|

ALLIANCE  
SAMPLE  
ID

PROJECT  
SAMPLE IDENTIFICATION

SAMPLE  
MATRIX

SAMPLE  
TYPE

SAMPLE  
COLLECTION

# OF BOTTLES

PRESERVATIVES

COMMENTS

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

1. Grab  
2. Comp  
3.  
4.  
5.  
6.  
7.  
8.  
9.  
10.

| COMP     | GRAB     | DATE          | TIME        | # OF BOTTLES |
|----------|----------|---------------|-------------|--------------|
| <u>W</u> | <u>✓</u> | <u>4-9-25</u> | <u>1205</u> | <u>1</u>     |
| <u>W</u> | <u>✓</u> | <u>4-9-25</u> | <u>1207</u> | <u>2</u>     |

C E E

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|

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

RELINQUISHED BY SAMPLER: DATE/TIME: 1210 RECEIVED BY: 1210  
1. For E. Sawyer 4-9-25 1. [Signature] 4-9-25  
RELINQUISHED BY SAMPLER: DATE/TIME: RECEIVED BY:  
2. 2.  
RELINQUISHED BY SAMPLER: DATE/TIME: 1800 RECEIVED BY:  
3. 4-9-25 3.

Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP  
Comments: Temp 4.5°C (Adjustment factor + 1) IR Gen # 1

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CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete  
☐ YES ☐ NO

### Laboratory Certification

| Certified By         | License No.      |
|----------------------|------------------|
|                      |                  |
| CAS EPA CLP Contract | 68HERH20D0011    |
|                      |                  |
| Connecticut          | PH-0830          |
|                      |                  |
| DOD ELAP (ANAB)      | L2219            |
|                      |                  |
| Maine                | 2024021          |
|                      |                  |
| Maryland             | 296              |
|                      |                  |
| New Hampshire        | 255424 Rev 1     |
|                      |                  |
| New Jersey           | 20012            |
|                      |                  |
| New York             | 11376            |
|                      |                  |
| Pennsylvania         | 68-00548         |
|                      |                  |
| Soil Permit          | 525-24-234-08441 |
|                      |                  |
| Texas                | T104704488       |