

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

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

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS	
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER	
1.	Grab	W		✓	5-7-25	1358	1	✓										
2.	Comp	W	✓		5-7-25	1402	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: 1. Joe E. [Signature] DATE/TIME: 1405 5-7-25
RELINQUISHED BY SAMPLER: 2. [Signature] DATE/TIME: 5-7-25
RELINQUISHED BY SAMPLER: 3. [Signature] DATE/TIME: 1607 5-7-25

Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 3.6 °C

Comments:

Temp 3.6°C Adjustment Factor +10 IR Gun #1

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CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO