

CLIENT INFORMATION

COMPANY: Total Quality Environmental.
ADDRESS: 116 Bay 19th street
CITY: Brooklyn STATE: NY ZIP: 11214
ATTENTION: Alex. Lukason
PHONE: 718-404-6704 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME:
PROJECT NO: 264. 01.03 LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

BILL TO: PO#:
ADDRESS: Same.
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
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PRESERVATIVES

COMMENTS

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	
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9		
1.	1 st PL, Child Care, bath. Sink (1 st draw)	AR		X	6/23/05	7:55	1	✓										
2.	2 nd draw			X	6/23/05	7:56	1	✓										
3.	Multipurpose Room Sink (1 st draw)			X	6/23/05	7:59	1	✓										
4.	(2 nd draw)			X	6/23/05	7:59	1	✓										
5.	Hallway, bath 1 sink (1 st draw)			X	6/23/05	8:03	1	✓										
6.	(2 nd draw)			X	6/23/05	8:04	1	✓										
7.	2nd Sink (1 st draw)			X	6/23/05	8:05	1	✓										
8.	(2 nd draw)			X	6/23/05	8:06	1	✓										
9.	3rd Sink (1 st draw)			X	6/23/05	8:07	1	✓										
10.	(2 nd draw)			X	6/23/05	8:07	1	✓										

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

RELINQUISHED BY SAMPLER: 1. <u>A. Reuker</u>	DATE/TIME: <u>6/23/05 1515</u>	RECEIVED BY: 1. <u>IT</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>26.4</u> °C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	Comments:
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.	

Page 1 of 2 CLIENT: ☐ Hand Delivered ☐ Other Shipment Complete ☐ YES ☐ NO

CLIENT INFORMATION

COMPANY: Total Quality Environmental
REPORT TO BE SENT TO:
ADDRESS: 116 Bay 19th Street
CITY: Brooklyn STATE: N.Y. ZIP: 11214
ATTENTION: Alex Rekasov
PHONE: 718-404-6704 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME:
PROJECT NO. 264.01.03 LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

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

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+ Raw Data) ☐ Other _____
☐ EDD FORMAT _____

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COMMENTS

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			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
11	1st Pl, Child Care, Sink (1st draw)	AR		✓	6/13/15	8:09	1	✓									
12	↓ (2nd draw)	I		✓	6/13/15	8:10	1	✓									
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

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RELINQUISHED BY SAMPLER: 1. <u>A. Rekasov</u>	DATE/TIME: <u>6/23/15</u> <u>1515</u>	RECEIVED BY: 1. <u>IT</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>26.4</u> °C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	Comments:
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.	

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