

CLIENT INFORMATION

COMPANY: Totek Quality Environmental
ADDRESS: 116 Bay 19th Street
CITY: Brooklyn STATE: N.Y ZIP: 11214
ATTENTION: Alex
PHONE: 718-404-6704 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME:
PROJECT NO: 264.02.01 LOCATION:
PROJECT MANAGER:
e-mail: Info@TQENY.com
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): 10 TAT 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

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.	Child Care, sink 1 (1 st draw)	W.		✓	06/27	7:17	1	✓									
2.	↓ (2 nd draw)			✓	06/27	7:18	1	✓									
3.	Child Care, sink 2 (1 st draw)			✓	06/27	7:19	1	✓									
4.	↓ (2 nd draw)			✓	06/27	7:19	1	✓									
5.	Child Care, Restroom, Sink (1 st draw)			✓	06/27	7:21	1	✓									
6.	↓ (2 nd draw)			✓	06/27	7:21	1	✓									
7.	Kitchen, sink (1 st draw)			✓	06/27	7:23	1	✓									
8.	↓ (2 nd draw)			✓	06/27	7:24	1	✓									
9.	Restroom & Child Care sink (1 st draw)			✓	06/27	7:26	1	✓									
10.	↓ (2 nd draw)			✓	06/27	7:26	1	✓									

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

RELINQUISHED BY SAMPLER: 1. <u>A. Peckerson</u>	DATE/TIME: <u>06/27 12:25</u>	RECEIVED BY: <u>[Signature]</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>2.3</u> °C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	Comments:
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.	Page <u>1</u> of <u>2</u> CLIENT: ☐ Hand Delivered ☐ Other Shipment Complete ☐ YES ☐ NO

CLIENT INFORMATION

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

CLIENT PROJECT INFORMATION

PROJECT NAME:
PROJECT NO: 864.02.01 LOCATION:
PROJECT MANAGER:
e-mail: Info@TQE.NY.COM
PHONE: FAX:

CLIENT BILLING INFORMATION

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

ANALYSIS

DATA TURNAROUND INFORMATION

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☐ Level 3 (Results + QC) ☐ NYS ASP A ☐ NYS ASP B
+ Raw Data) ☐ Other _____
☐ EDD FORMAT

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	
			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	
11	1st PL, Restroom 3 (Med) Sink (1st floor) W			✓	6/17	7:28	1	✓										
12	↓ ↓ ↓ ↓ (2nd floor) W			✓	6/17	7:28	1	✓										
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. <u>A. Beckman</u>	DATE/TIME: <u>6/17 12:25</u>	RECEIVED BY: <u>[Signature]</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP _____ °C Comments: <u>2.3</u>
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.	

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