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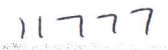
CHAIN OF CUSTODY RECORD

Sub Lab INFORMATION	CLIENT PROJECT INFORMATION	CLIENT BILLING INFORMATION
COMPANY : Alliance Technical Group - Akron	ORDER ID : Q2453	BILL TO: CHEMTECH PO# : q2453
ADDRESS : 3310 Win Street	PROJECT ID: Halogens	ADDRESS : 284, Sheffield Street
CITY: Cuyahoga Fal State : OH ZIP : 44223	PROJECT MANAGER YAZMEEN	CITY: Mountainside State : NJ ZIP : 07092
E-mail : jennifer.woolf@alliancetg.com	E-mail : yazmeen.gomez@alliancetg.com	ATTENTION : YAZMEE
PHONE : 330-253-8211	PHONE : (908) 789 8900 FAX: (908) 789 8922	PHONE : (908) 789 8900 FAX : (908) 789 8922

EDD : EXCEL NJCLEAN	Report : Level 1	Comment :
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ID	CLIENT SAMPLE IDENTIFICATION	SAMPLE MATRIX	ANALYSIS	Preservative	Method	SAMPLE COLLECTION		# OF BOTTLES	TAT DAYS
						DATE	TIME		
01	JAM-INDUSTRIES	Water	TOX	Conc H2SO4 to pH < 2	9020	06/25/2025	11:40:00	1	10

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGES POSSESSION INCLUDING COURIER DELIVERY									
RELINQUISHED BY SAMPLER:	DATETIME:	RECEIVED BY:	Conditions of bottles or Coolers at receipt:						
1.			<input type="checkbox"/> Compliant <input type="checkbox"/> Non Compliant Cooler Temp _____ Ice or Cooler? _____						
RELINQUISHED BY:	DATETIME:	RECEIVED BY:	 6/27/25 1010 22.4-0.1 = 22.3						
2.		2. UPS							
RELINQUISHED BY:	DATETIME:	RECEIVED BY:	<input type="checkbox"/> OVERNIGHT Shipment Complete:						
3.		3.	<input type="checkbox"/> OVERNIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO						



By signing this form, client agrees to Paradigm Terms and Conditions (reverse).

INVOICE TO:

PROJECT REFERENCE

DATE COLLECTED	TIME COLLECTED	COMPOSITE	GRAB	SAMPLE IDENTIFIER	MATRIX CODES	NUMBER OF CONTAINERS	Total Halogens											REMARKS	PARADIGM LAB SAMPLE NUMBER
6/25/25	11:40		X	Jam Industries	AQ	1	X											252863-01	
																		Needs New York State Certification	
																		Send copy of chain of custody with report.	

Turnaround Time		Report Supplements	
Availability contingent upon lab approval; additional fees may apply.			
Standard 5 day	<input type="checkbox"/>	None Required	<input type="checkbox"/>
10 day	<input type="checkbox"/>	Batch QC	<input type="checkbox"/>
Rush 3 day	<input type="checkbox"/>	Category A	<input type="checkbox"/>
Rush 2 day	<input type="checkbox"/>	Category B	<input type="checkbox"/>
Rush 1 day	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
please indicate date needed: <u>Standard</u>		please indicate package needed: _____	please indicate EDD needed: _____

Sampled By <i>[Signature]</i>	Date/Time 6/25/25 16:00
Relinquished By <i>[Signature]</i>	Date/Time 6/27/25 1010 UPS
Received By 22.4-0.1 = 22.3	Date/Time
Received @ Lab By	Date/Time

Total Cost:

P.I.F.

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