

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: **Aramark uniforms**
ADDRESS: **740 Frelinghuysen Ave.**
CITY **Newark** STATE: **NJ** ZIP: **07114**
ATTENTION: **Tom Dikos**
PHONE: **973-824-1101** FAX:

CLIENT PROJECT INFORMATION

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

CLIENT BILLING INFORMATION

BILL TO: PO#:
ADDRESS:
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

TCLP BNA
TCLP VOA
TCLP TCP meth

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.	Sludge	S	☒	☒	8-7-25	1013	4	E	E	E							
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: Tom Dikos	DATE/TIME: 8-7-25	RECEIVED BY: [Signature]	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 3.3 °C
RELINQUISHED BY SAMPLER: [Signature]	DATE/TIME:	RECEIVED BY: [Signature]	Comments:
RELINQUISHED BY SAMPLER: [Signature]	DATE/TIME: 8-7-25	RECEIVED BY: [Signature]	Page ____ of
			CLIENT: ☐ Hand Delivered ☐ Other
			Shipment Complete ☐ YES ☐ NO