

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: _____
ADDRESS: 178 Main St.
CITY Franklin STATE: NJ ZIP: 07416
ATTENTION: Mousses Ruiz
PHONE: (201) 820-5632 FAX: _____

CLIENT PROJECT INFORMATION

PROJECT NAME: NJ Lead Paint
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 _____

LEAD PAINT CHIPS

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

E

← Specify Preservatives
A-HCl D-NaOH
B-HNO3 E-ICE
C-H2SO4 F-OTHER

1.	LEAD PAINT CHIPS	5.	X			1	X											
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:	DATE/TIME:	RECEIVED BY:	Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP <u>3.0</u> °C
1.		1.	Comments: _____
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2.		2.	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3.		3.	

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CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO