Alliance TECHNICAL GROUP
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ALLIANCE PROJECT NO.
QUOTE NO. Q3007
COC Number 2045042

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: Aramark Uniforms
ADDRESS: 740 Frelinghuysen Ave
CITY Newark STATE: NJ ZIP: 07114
ATTENTION: Jarrod Mills
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:

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 + Raw Data) ❑ NYS ASP A ❑ NYS ASP B
❑ Other _____
❑ EDD FORMAT _____

ANALYSIS

TPH BOD TSS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE COMP	SAMPLE TYPE GRAB	SAMPLE COLLECTION DATE	SAMPLE COLLECTION TIME	# OF BOTTLES	PRESERVATIVES 1	2	3	4	5	6	7	8	9	COMMENTS
								C	E	E							← Specify Preservatives A-HCl D-NaOH B-HN03 E-ICE C-H2SO4 F-OTHER
1.	Grab	W		✓	9-3-25	1010	1	✓									
2.	Comp	W	✓		9-3-25	1012	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:	DATE/TIME:	RECEIVED BY:	DATE/TIME:
1.	9-3-25 1015	1.	9-3-25 1015
2.		2.	
3.	9-3-25 1625	3.	

Conditions of bottles or coolers at receipt: ❑ COMPLIANT ❑ NON COMPLIANT ❑ COOLER TEMP 3.1 °C
Comments:

Page _____ of

CLIENT: ❑ Hand Delivered ❑ Other _____

Shipment Complete ❑ YES ❑ NO

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT YELLOW - ALLIANCE COPY PINK - SAMPLER COPY