

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING 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:

PROJECT NAME: Monthly 2025
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

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

ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX (RUSH) DAYS*
HARDCOPY (DATA PACKAGE): DAYS*
EDD: DAYS*
*TO BE APPROVED BY CHEMTECH
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

☐ 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

TPH BOD5 TSS
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		C	E	E							← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER	
1.	Grab Comp	W		✓	10-15-25	1445	1	✓										
2.		W		✓	10-15-25	1447	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: 1. <u>[Signature]</u>	DATE/TIME: <u>1449</u> <u>10-15-25</u>	RECEIVED BY: 1. <u>[Signature]</u>	DATE/TIME: <u>1449</u> <u>10-15-25</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP: <u>3.3</u> °C
RELINQUISHED BY SAMPLER: 2. <u>[Signature]</u>	DATE/TIME:	RECEIVED BY: 2. <u>[Signature]</u>		Comments:
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME: <u>1750</u> <u>10-15-25</u>	RECEIVED BY: 3. <u>[Signature]</u>		

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