

CHAIN OF CUSTODY RECORD - PRESS HARD AND PRINT CLEARLY - USE BALL POINT PEN

Garden State Laboratories, Inc.

Main Lab - 410 Hillside Avenue, Hillside NJ 07205 - NJDEP Lab Cert. #20044
Jersey Shore Lab - 54 Main Street, Waretown NJ 08758 - NJDEP Lab Cert. #15037

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Office and Drop off Locations

North Jersey Office: 225 Sparta Avenue, Sparta, NJ 07871 Tel. 973-729-1827

West Jersey Office: 2050 Route 31 North, Glen Gardner, NJ 08826 Tel. 908-537-7414

CLIENT INFORMATION (REPORT TO BE SENT TO)

Name: Garden State Laboratories, Inc. Contact/Authorized by: Robert Szot
Mailing Address: 410 Hillside Ave. Phone: 908-688-8900 EXT 129
City/State/Zip: Hillside, NJ. 07205 Email: rszot@gslabs.com

SAMPLE INFORMATION

SAMPLE TYPE: WASTE WATER

SAMPLE LOCATION:

Grab Comp	SAMPLE ID	SAMPLE COLLECTION				ANALYSIS REQUIRED (Print Legibly)	CONTAINER INFORMATION			
		Date	Time	AM	PM		No.	Type*	Size	Pres.*
X	VOA 251015111-01	10/15/25	9:20	X		EPA 8260 TCL LIST + Acrolien & Acrylonitrile	3	V	40mL	A
X	Trip blank 251015076-04					EPA 8260 TCL LIST + Acrolien & Acrylonitrile	2	V	40mL	A

*Container Type: P = Plastic G = Glass A = Amber Glass I = Sterile Thio V = Vial Other/Specify:

*Preservation Code: A = Non Preserved B = Sulfuric Acid C = Sodium Hydroxide D = Nitric Acid
E = Hydrochloric Acid F = Zinc Acetate G = Sodium Thiosulfate H = Ascorbic Acid I = Cooled Other/Specify:

☒ SUBCONTRACTED WORK

TURNAROUND TIME: ☒ Standard ☐ Rush (IF RUSH REQUESTED) Rush Due by:

REPORT FORMAT: ☒ Standard Report ☐ Other/Specify:

☐ Standard Report + E2 PWS ID#:

SEND TO: Chem Tech

DATE/TIME:

METHOD OF SHIPMENT:

Deliver

PAYMENT INFORMATION

☐ Sampling/Pick-up Fee: \$ ☐ Composite Fee: \$ ☐ Rush Fee: \$ Amount Due: \$

Payment Method: ☐ Credit Card Type: ☐ Check # ☐ Other: See Quote

Note:

VOA UNPRESERVED DUE TO EFFERVESCENCE - 3 DAY TAT PER JORDAN HEDVAT

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION

PLEASE PRINT YOUR NAME LEGIBLY, USE FULL LEGAL SIGNATURE, DATE AND TIME

Sampled by (PRINT):	Signature:	Date/Time:
Client/Client's Representative (PRINT):	Signature:	Date/Time:
1. Received/Relinquished by (PRINT): Megan Hawanich	Signature: Megan Hawanich	Date/Time: 10/15/25 14:55
2. Received/Relinquished by (PRINT):	Signature: Cassandra Pena	Date/Time: 10/16/25 9:40

The liability of Garden State Laboratories, Inc. for services rendered shall in no event exceed the amount of the invoice.
Main Lab Certified by NJ Dept. of Health, NJDEP, TN, NY Dept. of Health #11550 and PADEP #68-03680

Q3361

FOR SAMPLE RECEIVING USE ONLY

DATE/TIME/TEMP. REC'D AT LAB:

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GSL CLIENT #

MICRO #

CHEM. #

SAMPLE REC'D BY:

☒ GSL FIELD SAMPLER/PICK-UP

☐ PICK-UP AT DROP OFF LOCATION

☐ DELIVERED BY CLIENT

ATL16

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