

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**

Tel. 800-273-8901/908-688-8900 Fax 908-688-8966 www.gslabs.com info@gslabs.com

## 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 25105085-01	10/15/25	10:18	X		EPA 8260 TCL LIST + Acrolien & Acrylonitrile	3	V	40mL	A
X	Trip blank 25105076-03					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 Howanich	Signature: Megan Howanich	Date/Time: 10/15/25 14:55
2. Received/Relinquished by (PRINT):	Signature: Cassanova Rand	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-TNI, NY Dept. of Health #11650 and PADEP #68-03680

MATTHE DATS @ 10/16/25 9:40 AM

Q 3362

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

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