



284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 Fax: (908) 788-9222
www.chemtech.net

CHAIN OF CUSTODY RECORD

Alliance Project Number:

23373

COC Number:

CLIENT INFORMATION			PROJECT INFORMATION				BILLING INFORMATION																																																														
COMPANY: Alliance Technical Group, LLC - Newark			PROJECT NAME: Weekly Storage Blanks				BILL TO:						PO#																																																								
ADDRESS: 284 Sheffield Street			PROJECT #:		LOCATION:		ADDRESS:																																																														
CITY: Mountainside STATE: NJ ZIP: 07092			PROJECT MANAGER:				CITY:						STATE: ZIP:																																																								
ATTENTION:			E-MAIL:		PHONE:		ATTENTION:						PHONE:																																																								
PHONE:			FAX:		PHONE:		FAX:																																																														
DATA TURNAROUND INFORMATION			DATA DELIVERABLE INFORMATION				ANALYSIS																																																														
FAX: NA DAYS*			☐ RESULTS ONLY ☐ USEPA CLP				<table border="1"><thead><tr><th>VOC</th><th>SVOC</th><th>PESTICIDES</th><th colspan="9"></th></tr><tr><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th></tr></thead><tbody><tr><td colspan="9"></td><td colspan="3">PRESERVATIVES</td><td colspan="3">COMMENTS</td></tr><tr><td colspan="9"></td><td colspan="3">← Specify Preservatives</td><td colspan="3">A-HCl B-HNO3 C-H2SO4 D-NaOH E-ICE F-Other</td></tr></tbody></table>												VOC	SVOC	PESTICIDES										1	2	3	4	5	6	7	8	9										PRESERVATIVES			COMMENTS												← Specify Preservatives			A-HCl B-HNO3 C-H2SO4 D-NaOH E-ICE F-Other		
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HARD COPY: 10 DAYS*			☐ RESULTS + QC ☐ New York State ASP "B"																																																																		
EDD NA DAYS*			☐ New Jersey REDUCED ☐ New York State ASP "A"																																																																		
* TO BE APPROVED BY ALLIANCE			☐ New Jersey CLP ☐ Other																																																																		
STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS			☐ EDD Format																																																																		
CHEMTECH SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# of Bottles																																																														
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9																																																					
1.	STORAGE-BLANK-SOIL-REF-6	AQ		X			2	X																																																													
2.	STORAGE-BLANK-WATER-REF-5	AQ		X			2	X																																																													
3.	STORAGE-BLANK-WATER-REF-4	AQ		X			2	X																																																													
4.	STORAGE-BLANK-SAMPLE-MANAGEMENT	AQ		X			2	X																																																													
5.	SVOC-GPC-BLANK	SO		X			1		X																																																												
6.	PEST-GPC-BLANK	SO		X			1			X																																																											
7.	PEST-GPC-BLANK-SPIKE	SO		X			1			X																																																											
8.	SVOC-GPC2-BLANK	SO		X			1		X																																																												
9.	PEST-GPC2-BLANK	SO		X			1			X																																																											
10.	PEST -GPC2-BLANK-SPIKE	SO		X			1			X																																																											
SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE PROSESSION INCLUDING COURIER DELIVERY																																																																					
RELINQUISHED BY SAMPLER		DATE/TIME	RECEIVED BY		Conditions of bottles or coolers at receipt: ☐ Compliant ☐ Non Compliant ☐ Cooler Temp _____ MeOH extraction requires an additional 4oz. Jar for percent solid ☐ Ice in Cooler?: _____																																																																
1. Sam		10/17/25	19:00		Comments:																																																																
RELINQUISHED BY		DATE/TIME	RECEIVED BY																																																																		
2.			2.																																																																		
RELINQUISHED BY		DATE/TIME	RECEIVED FOR LAB BY		Page _____ of _____				SHIPPED VIA: CLIENT: ☐ Hand Delivered ☐ Overnight				ALLIANCE: ☐ Picked Up ☐ Overnight				Shipment Complete ☐ YES ☐ NO																																																				
3.			3.																																																																		

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