

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:

ANALYSIS

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

TPH
BoDS
ISS
1 2 3 4 5 6 7 8 9

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS ← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	Grab Comp	W		✓	10-22-25	1200	1	✓									
2.		W	✓		10-22-25	1203	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>10-22-25</u>	RECEIVED BY: 1. <u>[Signature]</u>	DATE/TIME: <u>10-22-25</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>3.1</u> °C
RELINQUISHED BY SAMPLER: 2. <u>[Signature]</u>	DATE/TIME:	RECEIVED BY: 2. <u>[Signature]</u>	DATE/TIME:	Comments:
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME: <u>10-22-25</u>	RECEIVED BY: 3. <u>[Signature]</u>	DATE/TIME:	Page ____ of

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO