

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:
COMPANY: Loeffels Waste Oil
ADDRESS: PO Box 1005
CITY: Sparta STATE: NJ ZIP: 07871
ATTENTION: James Still
PHONE: (973) 479-0074 FAX: 973 948 0253

PROJECT NAME: Amerigo Restaurant
PROJECT NO.: LOCATION:
PROJECT MANAGER: James Still
e-mail: James@Loeffelswasteoil.com
PHONE: 973 479 0074 FAX:

BILL TO: Loeffels Waste Oil PO#:
ADDRESS: PO Box 1005
CITY: Sparta NJ STATE: NJ ZIP: 07871
ATTENTION: Billing PHONE: 973 948 4300

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

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

COMP
GRAB

DATE

TIME

1

2

3

4

5

6

7

8

9

← Specify Preservatives
A-HCl D-NaOH
B-HNO3 E-ICE
C-H2SO4 F-OTHER

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 20.0 °C

Comments:

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

Page ____ of

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO