

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: Aramark uniforms
ADDRESS: 740 Frelinghuysen Ave
CITY: Newark STATE: NJ ZIP: 07114
ATTENTION: Jarrod Mills
PHONE: 973-825-1101 FAX:

PROJECT NAME: Monthly 2025
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

BILL TO: PO#:
ADDRESS:
CITY STATE: ZIP:
ATTENTION: PHONE:

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

TPH BOD5 TSS

1	2	3	4	5	6	7	8	9
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ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS
			COMP	GRAB	DATE	TIME		C	E	E							
1.	Grab Comp	W		✓	11-12-25	0825	1	✓									
2.		W		✓	11-12-25	0828	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:	DATE/TIME: <u>0830</u>	RECEIVED BY: <u>0830</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>3.8</u> °C
1. <u>[Signature]</u>	DATE/TIME: <u>11-12-25</u>	1. <u>[Signature]</u>	Comments:
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. <u>[Signature]</u>		2. <u>[Signature]</u>	
RELINQUISHED BY SAMPLER:	DATE/TIME: <u>0925</u>	RECEIVED BY:	
3. <u>[Signature]</u>	DATE/TIME: <u>11-12-25</u>	3. <u>[Signature]</u>	

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CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO