Pace Analytical

CHAIN-OF-CUSTODY / Analytical Requ

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fi

WO# : 1251168

PM: MMW Due Date: 08/19/15

CLIENT: USS CORP

Section A Required Client Information:		Section B Required Project Information:		Section C Invoice Information:	
Company:	USS Corporation	Report To:	Tom Moe	Attention:	
Address:	P.O. Box 417	Copy To:		Company Name:	
Mt. Iron, MN 55768				Address:	
Email:		Purchase Order #:		Pace Quote:	
Phone:	Fax:	Project Name:	NPDES-TB Wk1	Pace Project Manager:	heather.zika@pacelabs.com,
Requested Due Date:		Project #:		Pace Profile #:	

Regulatory Agency

State / Location

MATRIX	CODE
Drinking Water	DW
Water	WT
Waste Water	WW
Product	P
Soil/Solid	SL
Oil	OL
Wipe	WP
Air	AR
Other	OT
Tissue	TS

ITEM #	SAMPLE ID (One Character per box. (A-Z, 0-9 / , -) Sample Ids must be unique)	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED START DATE	COLLECTED START TIME	COLLECTED END DATE	COLLECTED END TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	Analyses Test Y/N	TSS,SO4	TRPH 1664	Residual Chlorine (Y/N)	
1	SD 001 (Seep 020)	WT		8-5-15	10:45	8-5-15	10:45												X	X		OU
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						

Requested Analysis Filtered (Y/N)

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
	Paul Martila	8-5-15	12:50	[illegible]	8-5-15	12:50	4.5	Y	N	Y

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Paul Martila

SIGNATURE of SAMPLER: Paul Martila

DATE Signed: 8-5-15

TEMP in C | Received on Ice (Y/N) | Custody Sealed Cooler (Y/N) | Samples Intact (Y/N)

Pace Analytical®	Document Name: **Sample Condition Upon Receipt Form**	Document Revised: 23Feb2015 Page 1 of 1
	Document No.: **F-VM-C-001-Rev.09**	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt

Client Name: USS Corp

Project #: WO# : 1251168

1251168

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☑ Client ☐ Commercial ☐ Pace ☐ Other: _____

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐ Yes ☑ No **Seals Intact?** ☐ Yes ☑ No

Optional: Proj. Due Date: Proj. Name:

Packing Material: ☑ Bubble Wrap ☐ Bubble Bags ☐ None ☐ Other: Hazpak **Temp Blank?** ☑ Yes ☐ No

Thermometer Used: ☑ 140792808 **Type of Ice:** ☑ Wet ☐ Blue ☐ None ☑ Samples on ice, cooling process has begun

Cooler Temp Read °C: 4.2 **Cooler Temp Corrected °C:** 4.5 **Biological Tissue Frozen?** ☐ Yes ☐ No ☑ N/A

Temp should be above freezing to 6°C Correction Factor: +0.3 **Date and Initials of Person Examining Contents:** 8-5-15 CK

				Comments:
Chain of Custody Present?	☑ Yes	☐ No	☐ N/A	1.
Chain of Custody Filled Out?	☑ Yes	☐ No	☐ N/A	2.
Chain of Custody Relinquished?	☑ Yes	☐ No	☐ N/A	3.
Sampler Name and Signature on COC?	☑ Yes	☐ No	☐ N/A	4.
Samples Arrived within Hold Time?	☑ Yes	☐ No	☐ N/A	5.
Short Hold Time Analysis (<72 hr)?	☐ Yes	☑ No	☐ N/A	6.
Rush Turn Around Time Requested?	☐ Yes	☑ No	☐ N/A	7.
Sufficient Volume?	☑ Yes	☐ No	☐ N/A	8.
Correct Containers Used?	☑ Yes	☐ No	☐ N/A	9.
-Pace Containers Used?	☑ Yes	☐ No	☐ N/A	
Containers Intact?	☑ Yes	☐ No	☐ N/A	10.
Filtered Volume Received for Dissolved Tests?	☐ Yes	☐ No	☑ N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC? -Includes Date/Time/ID/Analysis Matrix: WT	☑ Yes	☐ No	☐ N/A	12.
All containers needing acid/base preservation will be checked and documented in the pH logbook.	☐ Yes	☑ No	☐ N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	☐ Yes	☐ No	☑ N/A	13.
Headspace in VOA Vials (>6mm)?	☐ Yes	☐ No	☑ N/A	14.
Trip Blank Present?	☐ Yes	☐ No	☑ N/A	15.
Trip Blank Custody Seals Present?	☐ Yes	☐ No	☑ N/A	
Pace Trip Blank Lot # (if purchased): _____				

CLIENT NOTIFICATION/RESOLUTION **Field Data Required?** ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: [signature] **Date:** 8/5/15

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e out of hold, incorrect preservative, out of temp, incorrect containers)