CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

WO# : 1254974

PM: HRZ Due Date: 10/22/15

CLIENT: USS CORP

Page : 1 Of 1

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

Requested Analysis Filtered (Y/N)

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	Preservatives: 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		10/8/15	1110													X	X	
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				

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

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
	Tom Moe/USS	10/8/15	1605	[illegible]	1605	10/8/15	5.2	Y	N	Y

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: THOMAS A. MOE

SIGNATURE of SAMPLER: [signature] DATE Signed: 10/8/15

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#: 1254974

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: 4.9 **Cooler Temp Corrected °C:** 5.2 **Biological Tissue Frozen?** ☐ Yes ☐ No ☒ NA

Temp should be above freezing to 6°C Correction Factor: +0.3 **Date and Initials of Person Examining Contents:** 10/8/15 ms

				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: Heather Zeh **Date:** 10/9/15

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)