WO# : 1259371
PM: HRZ Due Date: 01/20/16
CLIENT: USS CORP

Page: 1 Of 1

# CHAIN-OF-CUSTODY / Analytical Request D

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

| 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 #: | |

| 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 | 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 | | 1-6-16 | 11:30 | 1-6-16 | 11:30 | | | | | | | | | | | | X | X | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | |

| Additional Comments | Relinquished by / Affiliation | Date | Time | Accepted by / Affiliation | Date | Time | Samples Intact (Y/N) |
|---|---|---|---|---|---|---|---|
| | Paul Martin | 1-6-16 | 14:15 | [illegible] | 1/6/16 | 1415 | Y |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Sample Condition Upon Receipt | TEMP in C | Received on Ice (Y/N) | Custody Sealed Cooler (Y/N) | Samples Intact (Y/N) |
|---|---|---|---|---|
| 1.3 | Y | N | Y | |

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Paul Martin

SIGNATURE of SAMPLER: Paul Martin

DATE Signed: 1-6-16

| 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**

WO#: 1259371

1259371

Client Name: MSS

Project #:

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: Temp Blank? ☑ Yes ☐ No

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

Cooler Temp Read °C: 1.3 Cooler Temp Corrected °C: 1.6 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: 1/6/16 HZ

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 ZD Date: 1/7/16

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)