Pace Analytical

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DO

WO#: 1264477

PM: MMW Due Date: 05/04/16

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 Wk3	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	Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	Analysis Test Y/N	TSS	TRPH 1664	Residual Chlorine (Y/N)
	SD 001 (Seep 020)	WT		4-20-16	11:30	4-20-16	11:30												X	X	

SAMPLER NAME AND SIGNATURE											
	Paul Martila	4-20-16	14:15		4/20/16	1415	4.9	Y	N	Y	

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Paul Martila

SIGNATURE of SAMPLER: Paul Martila

DATE Signed: 4-20-16

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#: 1264477

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: Hayward **Temp Blank?** ☒ Yes ☐ No

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

Cooler Temp Read °C: 3.6 **Cooler Temp Corrected °C:** 3.9 **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:** 4/20/16 [illegible]

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?	☒ Yes	☐ No	☐ N/A	12.
-Includes Date/Time/ID/Analysis Matrix: wt				
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:** 4/20/16

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)