Pace Analytical

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCU

WO#: 1273300

PM: MMW Due Date: 09/07/16

CLIENT: USS CORP

Section A
Required Client Information:

Company:	USS Corporation
Address:	P.O. Box 417
Mt. Iron, MN 55768	
Email:	
Phone:	Fax:
Requested Due Date:	

Section B
Required Project Information:

Report To:	Tom Moe
Copy To:	
Purchase Order #:	
Project Name:	NPDES-LINE 3 Wkly
Project #:	

Section C
Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote:	
Pace Project Manager:	heather.zika@pacelabs.com,
Pace Profile #:	

...ory 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	Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	Analysis Test Y/N	LAB FILTERED: SO4	Lab FILTERED: Ca,Mg,Hard	Residual Chlorine (Y/N)	
1	WS-002 Scrubber Make-Up	WT		8-23-16	08:30	8-23-16	08:30												X	X		LF,LF
2	WS-003 Thickner Overflow	WT		8-23-16	08:20	8-23-16	08:20												X	X		LF,LF
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						

MATRIX CODE

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			
	Paul Mattson	8-23-16	16:50	CMJ	8-23-16	16:50	5.9	Y	a	Y

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Paul Mattson

SIGNATURE of SAMPLER: Paul Mattson

DATE Signed: 8-23-16

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# : 1273300**

1273300

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: 5.6 Cooler Temp Corrected °C: 5.9 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: TJ 8-24-16

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: M Lynn Woods Date: 8/24/16

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)