Pace Analytical

CHAIN-OF-CUSTODY / Anal

The Chain-of-Custody is a LEGAL DOCUM

WO# : 1274857

PM: MMW Due Date: 09/29/16

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-LINE 3 Wkly	Pace Project Manager: heather.zika@pacelabs.com,
Requested Due Date:		Project #:	Pace Profile #:

/ Agency

State / Location

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	Requested Analysis Filtered (Y/N): LAB FILTERED: SO4	Lab FILTERED: Ca,Mg,Hard	Residual Chlorine (Y/N)	
1	WS-002 Scrubber Make-Up	WT		9/14/16	08:50	9/14/16	08:50												X	X		LF,LF
2	WS-003 Thickner Overflow	WT		9/14/16	08:40	9/14/16	08:40												X	X		LF,LF
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS: TEMP in C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	Samples Intact (Y/N)
	[illegible]	9/14/16	1535	[illegible]	9/14/16	1735	3.5	Y	N	Y

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Paul [illegible]

SIGNATURE of SAMPLER: [illegible] DATE Signed: 9-14-16

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

Client Name: USS CORP

Project #:

WO# : 1274857

1274857

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:

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: 3.2 **Cooler Temp Corrected °C:** 3.5 **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 Bell 9-15-16

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?	☒ 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:** 9/15/16

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)