Pace Analytical
www.pacelabs.com

CHAIN-OF-CUSTODY

The Chain-of-Custody is a LEGAL

WO#: 1275817

PM: MMW Due Date: 10/12/16

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 #:	

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: Drinking Water DW, Water WT, Waste Water WW, Product P, Soil/Solid SL, Oil OL, Wipe WP, Air AR, Other OT, Tissue TS	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	LAB FILTERED: SO4	Lab FILTERED: Ca,Mg,Hard	Residual Chlorine (Y/N)	
1	WS-002 Scrubber Make-Up	WT		9-28-16	08:40	9-28-16	08:40												X	X		LF,LF
2	WS-003 Thickner Overflow	WT		9-28-16	08:30	9-28-16	08:30												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			
	Paul Mattila	9-28-16	17:00	Tay Bll	9-28-16	17:00	1.5	Y	N	Y

SAMPLER NAME AND SIGNATURE		
PRINT Name of SAMPLER:	Paul Mattila	
SIGNATURE of SAMPLER:	Paul Mattila	DATE Signed: 9-28-16

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

Project #: **WO#: 1275817**

1275817

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: 1.2 Cooler Temp Corrected °C: 1.5 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: CR 9-29-16

				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: 9/29/16

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)