Pace Analytical

CHAIN-OF-CUSTODY / Analytical Request Document

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

WO#: 1276346
PM: MMW Due Date: 10/19/16
CLIENT: USS CORP

1 Of 1

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:	Quarterly TB Wells	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	Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	Analyses Test Y/N	SO4,Amine-N	SO4,Cl,TDS	Residual Chlorine (Y/N)
1	GW 003 (603-WELL #3)	WT		10/5/16	08:40	10/5/16	08:40												X		
2	GW 004 (604-WELL #4)	WT		10/5/16	10:25	10/5/16	10:25												X		
3	GW 006 (606-WELL #6)	WT		10/5/16	11:15	10/5/16	11:15												X		
4	GW 007 (607-WELL #7)	WT		10/5/16	11:30	10/5/16	11:30												X		
5	GW 008 (608-WELL #8)	WT		10/5/16	11:50	10/5/16	11:50												X		
6	GW 010 (610-WELL #10)	WT		10/5/16	08:30	10/5/16	08:30												X		
7	GW 009 (609-WELL #9)	WT		10/5/16	14:35	10/5/16	14:35												X		
8	MW-14	WT		10/5/16	10:40	10/5/16	10:40													X	
9	MW-12	WT		10/5/16	09:10	10/5/16	09:10													X	
10	MW-13	WT		10/5/16	10:00	10/5/16	10:00													X	
11																					
12																					

Requested Analysis Filtered (Y/N)

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)
	Paul Mattila	10-5-16	15:20	[signature]	10-5-16	15:20	2.4	Y	N	Y

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Paul Mattila

SIGNATURE of SAMPLER: Paul Mattila

DATE Signed: 10-5-16

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#: 1276346
1276346

Client Name: USS

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: 2.1 Cooler Temp Corrected °C: 2.4 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: 10-5-16 CA

				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. AMINE
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: Date: 10/5/16

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)