CHAIN-OF-CUSTODY / Analytical Request Do

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

WO#: 1276474
PM: MMW Due Date: 10/20/16
CLIENT: USS CORP

Section A
Required Client Information:

Company:	USS Corporation
Address:	P.O. Box 417
	Mountain Iron, MN 55768
Email:	tmoe@uss.com
Phone: (218)749-7485	Fax:
Requested Due Date:	

Section B
Required Project Information:

Report To:	Tom Moe
Copy To:	
Purchase Order #:	
Project Name:	NPDES-LINE 3 Wk1
Project #:	

Section C
Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote:	
Pace Project Manager:	heather.zika@pacelabs.com,
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 (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	Cl,F	Residual Chlorine (Y/N)	
1	WS-002 Scrubber Make-Up	WT		10-6-16	10:00	10-6-16	10:00												X	X			LAB FILTERED,LAB FILTERED
2	WS-003 Thickener Overflow	WT		10-6-16	09:55	10-6-16	09:55												X	X			LAB FILTERED,LAB FILTERED
3	WS-003 Thickener Overflow	WT		10-6-16	09:55	10-6-16	09:55														X		
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							

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 Mattila	10-6-16	13:10	Tay Bl	10-6-16	13:05	1.5	Y	N	Y

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Paul Mattila

SIGNATURE of SAMPLER: Paul Mattila

DATE Signed: 10-6-16

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#: 1276474
PM: MMW Due Date: 10/20/16
CLIENT: USS CORP

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: CL 10-6-16

				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: 10/6/16

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)