Pace Analytical

CHAIN-OF-CUSTODY / Analytical Request Doc

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

WO#: 1281173

PM: MMW Due Date: 01/18/17

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:	Regulatory Agency
Email:	Purchase Order #:	Pace Quote:	
Phone: Fax:	Project Name: NPDES-TB Wk1	Pace Project Manager: heather.zika@pacelabs.com,	State / Location
Requested Due Date:	Project #:	Pace Profile #:	

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	Residual Chlorine (Y/N)	Residual Chlorine (Y/N)
1	SD 001 (Seep 020)	WT		1-4-17	11:00	1-4-17	11:00											TSS,SO4 X TRPH 1664 X		
2																				
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	1-4-17	13:10	[illegible]	1/4/17	1310	4.3	Y		

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Paul Mattila

SIGNATURE of SAMPLER: Paul Mattila DATE Signed: 1-4-17

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#: 1281173**
PM: MMW Due Date: 01/18/17
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: 4.0 Cooler Temp Corrected °C: 4.3 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: TJB 1-4-17

				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: M. Lisa Woods Date: 1/6/17

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)