1707841 1of2

ANALYTICAL REQUEST FORM

23707

ALS Environmental
4388 Glendale Milford Rd.
Cincinnati, Ohio 45242
Phone: (800) 458-1493 or (513) 733-5336
Fax: (513) 733-5347

Page 1 of 2

☒ **REGULAR Status**

☐ **RUSH Status Required - ADDITIONAL CHARGE**
RESULTS REQUIRED BY _____ DATE
CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Date _____ Purchase Order No. _____ Quote No. _____

Company Name Fulcrum Environmental

Address 406 N 2nd St

Yakima WA 98901
City State Zip

Send Report To Ryan Mathews

Email Address Rmathews@fulcrum.net

Telephone (509) 574-0839

Alt. Contact Name _____

Alt. Contact Info _____

Sampling Site Sky Valley Education Center

Date/Time of Collection [redacted] 7/26/17

Project No. 172070.02

Billing Address (if different)

Lab Use Only	Client Sample Number	Media Type	Sample Volume (L) / Sample Time (min.)	ANALYSES REQUESTED - Use Method Number if Known
01	72417-ADM-SE office	Hexane wipe	100 cm²	8082A
02	72417-ADM-W office			
03	72417-GYM-Girls Locker storage			
04	72417-GYM-Small Gym A			
05	72417-GYM-Small Gym B			
06	72417-AUX-RM F			
07	72417-POD-RM 03			
08	72417-POD-RM 04			
09	72417-Pod-RM 08			
10	72417-Pod-RM 11			
11	72417-Pod-RM 14			
12	72417-Pod-RM 17			
13	72417-Pod-RM 20A			
14	72417-Pod-RM 20B			
15	72417-Field Blank			
16	72417-Lab Blank			

DELIVERY METHOD: STD / PRTY MAIL UPS CLIENT DROP BOX FEDEX ALS COURIER OTHER: _____

COOLING METHOD: NONE COOLER WET ICE ICE PACK
CUSTODY SEALS: NONE COOLER PACKAGE SAMPLES
COOLER TEMP: _____ °C

Failure to complete all portions of this form may delay analys

CHAIN OF CUSTODY

Relinquished by (Signature)	Date / Time	Received by (Signature)	Date / Time
Nathan Roth	7/26/17 9:30AM	[illegible]	7/28/17 09:51
Relinquished by (Signature)	Date / Time	Received by (Signature)	Date / Time

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☒ REGULAR Status

☐ RUSH Status Required - ADDITIONAL CHARGE
RESULTS REQUIRED BY _____ DATE
CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Date _____ Purchase Order No. _____
Company Name Fulcrum Environmental
Address 406 N 2nd St
Yakima (City) WA (State) 98901 (Zip)
Send Report To Ryan Matthews
Email Address Rmatthews@fulcrum.net
Telephone (509) 574-0839
Alt. Contact Name _____
Alt. Contact Info _____

Quote No. _____
Sampling Site Sky Valley Education Center
Date/Time of Collection [redacted] 7/24/17
Project No. 172070.02
Billing Address (if different)

Lab Use Only	Client Sample Number	Media Type	Sample Volume (L) Sample Time (min.)	ANALYSES REQUESTED - Use Method Number if Known
17	72417 - Trip Blank	Hexane wipe	100 cm2	8082A

Failure to complete all portions of this form may delay analysis. Please fill in this form LEGIBLY.

CHAIN OF CUSTODY

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Date / Time
Nathan Bo[illegible]	7/26/17 9:30 AM	Nancy [illegible]	7/28/17 09:51
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Date / Time