21020

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

ANALYTICAL REQUEST FORM

☐ REGULAR Status

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

Page: 1 of 2

Date 4-10-17 Purchase Order No. _____ Quote No. _____
Company Name Fulcrum Environmental Sampling Site Sky Valley Edu Center
Address 406 N 2nd St Date/Time of Collection 4-10-17
Yakima (City) WA (State) 98901 (Zip) Project No. 172070.01
Send Report To Ryan Matthews Billing Address (if different)
Email Address Rmatthews@efulcrum.net
Telephone (509) 574-0859
Alt. Contact Name _____
Alt. Contact Info _____

1704300

Lab Use Only	Client Sample Number	Media Type	Sample Volume (L) / Sample Time (min.)	ANALYSIS REQUESTED - Use Method Number if Known
01	41017-ADM-SWoffice	Tube, Puf	2100L	EPA Method TO-10a
02	41017-ADM-[illegible]Office		2100L	EPA Method TO-10a
03	41017-ADM-NWOffice			
04	41017-ADM-Staff RM			
05	41017-ADM-Nurse			
06	41017-ADM-SEoffice			
07	41017-ADM-Soffice			
08	41017-ADM-Conference			
09	41017-ADM-Administration RM			
10	41017-GYM-Girls Lockers			
11	41017-GYM-Small GYM			
12	41017-GYM-CTE			
13	41017-GYM-Daycare			
14	41017-GYM-Girls locker storage			
15	41017-GYM-Small GYM Electrical			
16				

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 Betts	4-10-17 4:05	ALS	4/11/17 0956
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Date / Time

ALS LAB USE ONLY		DELIVERY METHOD: CLIENT DROP BOX FEDEX UPS STD MAIL PRTY MAIL ALS COURIER OTHER:
COOLER TEMP: 16.3C	pH ADJUSTMENTS:	CUSTODY SEALS: NONE COOLER PACKAGE SAMPLES
COOLING METHOD: NONE COOLER WET ICE DRY ICE ICE PACK		EQUIP. RETURNED:

21021

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ANALYTICAL REQUEST FORM

☒ REGULAR Status

☐ RUSH Status Required - ADDITIONAL CHARGE

RESULTS REQUIRED BY _____ DATE

CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Date 4-10-17 Purchase Order No. _____ Quote No. _____

Company Name Fulcrum Environmental

Address 406 N 2nd St Yakima WA 98908

City State Zip

Send Report To Ryan Mathews

Email Address RMathews@efulcrum.net

Telephone (509) 574-0839

Alt. Contact Name _____

Alt. Contact Info _____

Sampling Site Sky Valley Edu Center

Date/Time of Collection 4-10-17

Project No. 172070.01

Billing Address (if different)

1704300

Lab Use Only	Client Sample Number	Media Type	Sample Volume (L)/ Sample Time (min.)	ANALYSIS REQUESTED - Use Method Number if Known
16	41017-ANX-RM-B		2100 L	TO-10a ↓
17	41017-ANX-RM-A		2100 L	
18	41017-[redacted]-FB			
19	41017-LB			

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 Ks	4-10-17 - 4pm	ALS	4/10/17 0956
Relinquished by: (Signature)	Date / Time	Received by (Signature)	Date / Time

ALS LAB USE ONLY			DELIVERY METHOD: CLIENT DROP BOX FEDEX UPS STD MAIL PRTY MAIL ALS COURIER OTHER: _____
COOLER TEMP: °C	pH ADJUSTMENTS:		CUSTODY SEALS: NONE COOLER PACKAGE SAMPLES
COOLING METHOD: NONE COOLER WET ICE DRY ICE ICE PACK			EQUIP. RETURNED: