21019

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 176401

☐ RUSH Status Required - ADDITIONAL CHARGE

RESULTS REQUIRED BY _____ DATE

CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Page: 1 of 2

Date 4-12-17 Purchase Order No. _____ Quote No. _____

Company Name Fulcrum

Address 406 N 2nd St

Yakima (City) WA (State) 98901 (Zip)

Send Report To Ryan Matheaos

Email Address Rmatheaos@efulcrum.net

Telephone (509) 574-0839

Alt. Contact Name Nathan Bostrom

Alt. Contact Info NBostrom@efulcrum.net

Sampling Site Sky Valley Education Center

Date/Time of Collection 4-12-17

Project No. 172070.01

Billing Address (if different)

Lab Use Only	Client Sample Number	Media Type	Sample Volume (L)/ Sample Time (min.)	ANALYSIS REQUESTED - Use Method Number if Known
01	41217-ANX-Prep Room F	Hexane wipe	100 cm²	8082A
02	41217-ANX-Room E West			
03	41217-ADM-Nurse			
04	41217-ADM-NW Office			
05	41217-GYM-Girls Locker Storage			
06	41217-GYM-South Window			
07	41217-GYM-Daycare Room			
08	41217-POD-RM 01			
09	41217-POD-RM 05			
10	41217-POD-RM 10			
11	41217-POD-RM 12			
12	41217-POD-RM 15			
13	41217-POD-RM 18			
14	41217-POD-RM 19			
15	41217-GYM-Girls Locker Room Floor			Place on Hold
16	41217-POD-RM 17			Place on Hold

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 Bostrom	4-12-17 3PM	[signature]	4-13-17 10:54
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: 2.0 °C pH ADJUSTMENTS:	CUSTODY SEALS: NONE COOLER PACKAGE SAMPLES
COOLING METHOD: NONE GEL PK WET ICE DRY ICE ICE PACK	EQUIP. RETURNED:

20981

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ANALYTICAL REQUEST FORM

☒ REGULAR Status 1704401

☐ RUSH Status Required - ADDITIONAL CHARGE

RESULTS REQUIRED BY _____ DATE

CONTACT ALS LABORATORY GROUP PRIOR TO SENDING SAMPLES

Date _____ Purchase Order No. _____

Company Name Fulcrum

Address 406 N 2nd St

Yakima WA 98901
City State Zip

Send Report To Ryan Mathews

Email Address Rmathews@efulcrum.net

Telephone ( )

Alt. Contact Name

Alt. Contact Info

Quote No.

Sampling Site Sky Valley Education

Date/Time of Collection 4-12-17

Project No. 172070.01

Billing Address (if different)

Lab Use Only	Client Sample Number	Media Type	Sample Volume (L)/ Sample Time (min.)	ANALYSIS REQUESTED - Use Method Number if Known
17	41217-ANX-Prep Room F-B	Hexane Wipe	100 cm²	8082A
18	41217-ANX-Girls Locker Rm Storage-B	↓	↓	↓
19	41217-Field Blank			
20	41217-Lab Blank			

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 [signature]	4-12-17 [signature]	[signature]	4-13-17 10:54
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: