1707841 1 of 2

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. _____

Company Name Fulcrum Environmental

Address 406 N 2nd St

Yakima WA 98901
City State Zip

Send Report To Ryan Matthews

Email Address Rmatthews@efulcrum.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	Method Number if Known
01	72417-ADM-SF office	Hexane wipe	100 cm²	8082A	
02	72417-ADM-Wolfe				
03	72417-GYM-Girls Locker [illegible]				
04	72417-GYM-Small Gym A				
05	72417-GYM-Small Gym B				
06	72417-ANX-RM F				
07	72417-POD-RM03				
08	72417-POD-RM04				
09	72417-Pod-RM08				
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 [signature]	7/26/17 9:30AM	[signature]	7/28/17 09:51
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Date / Time

1709841 2 of 2

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Sampling Site Sky Valley Education Cent

Date/Time of Collection [redacted] 7/24/17

Project No. 172070.02

Billing Address (if different)

Lab Use Only	Client Sample	Media Type	Volume (L) Time (min)	ANALYSES REQUESTED - Use Method Number if Known
17	72417 - Trip Blank	Hexane wiper	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	[illegible]	7/28/17 09:51
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Date / Time