

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4211

Project/Client Name:

Project Number:

Contact Name:

Sampled By:

Ship to:

Attn:

Shipper:

Form filled out by:

Shipping Date:

Airbill Number:

Turnaround requested:

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)					Comments / Instructions [Jar tag number(s)]
					PCBS	TOC/TS	SVAS Metal	DIF	Arc Rate	
1/13/23	0820	LDW23-SC1074	4	sediment	X	X	X	X	X	
	0856	LDW23-SC1075	4		X	X	X	X	X	
	0946	LDW23-SC1028B	4 ³		X	X	X	X	X	
	1025	LDW23-SC1028B	3-4		X	X	X	X	X	
	1120	LDW23-SC1022A	3		X	X	X	X	X	
	1247	LDW23-SC1017B	3		X	X	X	X	X	
	1405	LDW23-SC1019	4		X	X	X	X	X	
	1434	LDW23-IT1027	4		X	X	X	X	X	
	1516	LDW23-SC1026	4		X	X	X	X	X	
	1455	LDW23-IT1041	4		X	X	X	X	X	
		AV								
			113123							
			37							
Total Number of Containers					Purchase Order / Statement of Work # APJ-110222-AOCS-AE1					

1) Released by:

Print name:

Signature:

Company:

2) Rec'd by:

Print name:

Signature:

Company:

2) Released by:

Print name:

Signature:

Company:

2) Rec'd by:

Print name:

Signature:

Company:

Date/Time:

Date/Time:

Date/Time:

Date/Time:

* Distribution: White copies accompany shipment; yellow retained by consignee.

To be completed by Laboratory upon sample receipt:

200 1st Ave W, Suite 500

Seattle, WA 98119

206.378.1364

Windward environmental LLC

Laboratory W.O. #:

Time of receipt:

Received by:

Date of receipt:

Condition upon receipt:

Cooler temperature: