

AV
+ 2

Tier 2 SS

3434

Ship to: AKL
Attn: Six Dinihoo
Shipper: counter
ed out by: S. Replinger

Shipping Date: 1-4-2023
Airbill Number: —
Turnaround requested: std.

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

**200 1st Ave W, Suite 500
Seattle, WA 98119**

206.378.1364

To be completed by Laboratory upon sample receipt:

Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

2 of 2

CHAIN-OF-CUSTODY/TEST REQUEST FORM

TIER 2
Nº 4013

Project/Client Name: AOC5 MR Phase 1
 Project Number: 210075.01.02
 Contact Name: Amara Vandenberg
 Sampled By: Windward

Ship to: ARL
 Attn: Sue Dunnihan
 Shipper: Couner
 Form filled out by: AV/CC
 Shipping Date: 11/4/23
 Airbill Number:
 Turnaround requested: std

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))
					Archive						
11/4/23	1332	LDW23-SC1221A	3	sediment	X						
	1332	LDW23-SC1221C	3		X						
	1458	LDW23-SC1221A	3		X						
	1418	LDW23-SC1221A	3		X						
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; transform: rotate(-45deg);"></div> </div>											
Total Number of Containers			12	Purchase Order / Statement of Work # <u>APJ-110222-AOC5-ARL</u>							

1) Released by: <u>Amara Vandenberg</u> Print name: <u>Amara Vandenberg</u> Signature: <u>[Signature]</u> Company: <u>Windward</u> Date/Time: <u>11/4/23 16018</u>	1) Rec'd by: <u>YARED</u> Company: <u>YA YA SAFETY</u> Date/Time: <u>11/4/23 4:18</u>	2) Released by: <u>YARED</u> Print name: <u>YARED</u> Signature: <u>[Signature]</u> Company: <u>YA YA SAFETY</u> Date/Time: <u>11/4/23</u>	2) Rec'd by: <u> </u> Company: <u> </u> Date/Time: <u> </u>
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200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: (206) 378-1364
 Fax: (206) 217-9343

To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by: