

1 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 4274

Tier 2

Project/Client Name: AOCS MR Phase 11
 Project Number: 21007 S.OI.03
 Contact Name: Amara Vanderhoff
 Sampled By: Windward

Ship to: ARI
 Attn: Sue Connolly
 Shipping Date: 5/14/24
 Shipper: Quier
 Airbill Number: 511424
 Form filled out by: AWCC
 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))
					Active						
5/15/24	1322	LOW24-SC1520H	4	Sediment	X						
5/15/24	1322	-SC1520C	4		X						
5/16/24	1413	0954 -TT1513B	4		X						
	1513	0954 -TT1513C	4		X						
	1513	0954 -TT1513D	4		X						
	1513	0954 -TT1513E	4		X						
	1513	0954 -TT1513F	4		X						
	1513	0954 -TT1513G	4		X						
	1513	0954 -TT1513H	4		X						
	1513	0954 -TT1513I	4		X						
	1513	0954 -TT1513J	4		X						
5/16/24	1100	LOW24-SC1544A	4	Sediment	X						
Total Number of Containers			48	Purchase Order / Statement of Work # <u>ARJ-050224-AOCS ARI</u>							

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: <u>Amara Vanderhoff</u>	Print name: <u>Wine L</u>	Print name:	Print name:
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Signature:	Signature:
Company: <u>Windward</u>	Company: <u>DIX</u>	Company:	Company:
Date/Time: <u>5/16/24 11:00</u>	Date/Time: <u>5/16/24 1618</u>	Date/Time:	Date/Time:

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

To be completed by Laboratory upon sample receipt:



200 1st Ave W, Suite 500
 Seattle, WA 98119
 206.378.1364

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

2 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Tier 2

3420

Project/Client Name: AOCs MR Phase II
 Project Number: 210075.01.03
 Contact Name: Amara Vanderhoff
 Sampled By: Windward

Ship to: ARL
 Attn: Sue Annino
 Shipping Date: 5/16/24
 Shipper: carrier
 Airbill Number:
 Form filled out by: AVICC
 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						
5/16/24	1100	LOW24-SC1544D	4	Sediment	X						
	1100	- SC1544E	4		X						
	1100	- SC1544H	4		X						
	1100	- SC1544J	4		X						
AVI 3	1146	- SC1563A	4		X						
AVI 3	1146	- SC1563D	4		X						*
AVI 3	1146	- SC1563E	4		X						*
AVI 3	1146	- SC1563H	4		X						*
AVI 3	1146	- SC1563J	4		X						*
	1247	- TT1539A	4		X						
	1247	- TT1539B	4		X						
5/16/24	1247	LOW24-TT1539C	4	Sediment	X						
Total Number of Containers			48	Purchase Order / Statement of Work # <u>APJ-050224-AOCs-ARL</u>							
1) Released by:				2) Released by:				2) Rec'd by:			
Print name: <u>Amara Vanderhoff</u>				Print name:							
Signature: <u>[Signature]</u>				Signature:				Company:			
Company: <u>Windward</u>				Company:							
Date/Time: <u>5/16/24 1618</u>				Date/Time: <u>5/16/24 1618</u>				Date/Time:			

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

To be completed by Laboratory upon sample receipt:

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



200 1st Ave W, Suite 500
 Seattle, WA 98119
 206.378.1364

3426

Project/Client Name:

Project Number:

Contact Name:

Sampled By:

Ship to:

Attn:

Shipper:

Form filled out by:

Shipping Date:

Airbill Number:

Turnaround requested:

[illegible]

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

WindWard
environmental LLC

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

206.378.1364

To be completed by Laboratory upon sample receipt:

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