

1 of 4

# CHAIN-OF-CUSTODY/TEST REQUEST FORM

Tier 2

Nº

5037

Project/Client Name:

Project Number:

Contact Name:

Sampled By:

AOC5 MR Phase II  
210075.01.03  
Amara Vandervort  
Windward

Ship to:

Attn:

Shipper:

Form filled out by:

ARI  
Sue Ann Hood  
Castro Hard-  
delivered  
AV  
Shipping Date: 8/2/24  
Airbill Number:  
Turnaround requested: 51d

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						
8/1/24	1332	LOW24-IT1450A	4	Sediment	X						
	1332	-IT1450B	4		X						
	1332	-IT1450C	4		X						
	1332	-IT1450D	4		X						
	1332	-IT1450E	4		X						
	1332	-IT1450F	4		X						
	1332	-IT1450G	4		X						
	1332	-IT1450H	4		X						
8/1/24	1332	-IT1450I	4		X						
8/2/24	0850	-SC1329A	4		X						
		-SC1329B	4		X						
8/2/24	0850	LOW24-SC1329C	4	Sediment	X						
Total Number of Containers			48	Purchase Order / Statement of Work # ARJ050224-AOC5ARI							

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: A. Vandervort	Print name:	Print name:	Print name:
Signature: [Signature]	Signature:	Signature:	Signature:
Company: Windward	Company: ARI	Company:	Company:
Date/Time: 8/2/24 @ 1643	Date/Time: 08/02/24 1643	Date/Time:	Date/Time:

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



200 First Avenue West  
Suite 500  
Seattle, WA 98119  
Tel: (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 4

# CHAIN-OF-CUSTODY/TEST REQUEST FORM

Tier 2

No 5039

Project/Client Name:

AOC5 MR Phase II

Project Number:

210075.01.03

Contact Name:

Amara Vanderspoet

Sampled By:

Windward

Ship to:

ARL

Attn:

Sue Dunn, head

Shipper:

hand delivered

Form filled out by:

AV

Shipping Date:

8/2/24

Airbill Number:

Turnaround requested:

51d

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/2/24	0850	LOW 4-SC1329D	4	Sediment	X							
	0850	-SC1329E	4		X							
	0850	-SC1329F	4		X							
	0850	-SC1329G	4		X							
	0850	-SC1329H	4		X							
	0850	-SC1329I	4		X							
	0850	-SC1329J	4		X							
	0946	-SC1337A	4		X							
	0946	-SC1337B	4		X							
	0946	-SC1337C	4		X							
	0946	-SC1337D	4		X							
8/2/24	0940	LOW 4-SC1337E	4	Sediment	X							
Total Number of Containers			48	Purchase Order / Statement of Work # APT050224 AOC5 ARL								

1) Released by:	1) Rec'd by:	2) Released by:	2) Rec'd by:
Print name: Amara Vanderspoet	Print name: [Signature]	Print name:	Print name:
Signature: [Signature]	Company: ARL	Signature:	Company:
Company: Windward	Date/Time: 8/2/24 1643	Company:	Date/Time:

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



200 First Avenue West  
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To be completed by Laboratory upon sample receipt:

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



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## CHAIN-OF-CUSTODY/TEST REQUEST FORM

Tier 2  
Nº 5060

Project/Client Name:

Project Number:

Contact Name:

Sampled By:

AOCs MR Phase II  
210075.01.03  
Amara Vandervoort  
Windward

Ship to:

Attn:

Shipper:

Form filled out by:

ARL  
Sue Dunthoo  
hand delivered  
AV

Shipping Date:

Airbill Number:

Turnaround requested:

8/2/24

Std

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Archive	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/2/24	0946	LOW24-SC1337E	4	Sediment	X							
		-SC1337G	4		X							
		-SC1337H	4		X							
		-SC1337I	4		X							
		-SC1337J	4		X							
		-SC1337K	4		X							
		-SC1337L	4		X							
		-SC1337M	4		X							
		-SC1337N	4		X							
		-SC1337O	4		X							
		-SC1337P	4		X							
8/2/24	0946	LOW24-SC1337Q	4	Sediment	X							
Total Number of Containers			48	Purchase Order / Statement of Work # APJ050224 AOCs ARL								
1) Released by:			1) Rec'd by:			2) Released by:			2) Rec'd by:			
Print name: A. Vandervoort			Print name: Matthew			Print name:			Print name:			
Signature: [Signature]			Company: Arlen			Signature:			Company:			
Date/Time: 8/2/24 @ 1413			Date/Time: 08/02/24 1643			Date/Time:			Date/Time:			

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

200 First Avenue West  
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Seattle, WA 98119  
Tel: (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:

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