



Sample Condition Upon Receipt

Client Name: EPA

Project # 6055732

Courier: Fed Ex UPS USPS Client Commercial Pace Other _____

Tracking #: _____

Optional
Proj. Due Date
Proj. Name

3/23

Custody Seal on Cooler/Box Present: yes no Seals intact: yes no

Packing Material: Bubble Wrap Bubble Bags None Other _____

RKA 7412A

Thermometer Used T-142 T-168

Type of Ice: Wet Blue None Samples on ice, cooling process has begun

Cooler Temperature 1.6°C

Biological Tissue is Frozen: Yes No

Date and Initials of person examining contents: 3/19/09 (X)
11:29 (X)

Temp should be above freezing to 6°C

Comments:

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1. <u>no date/time on COC</u>
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2. <u>from sample label!</u>
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3. <u>3/3/09 09:40</u>
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7. <u>3 days</u>
Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes date/time/ID/Analysis Matrix: <u>SC</u>		
All containers needing preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
All containers needing preservation are found to be in compliance with EPA recommendation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
exceptions: VOA, coliform, TOC, O&G, WI-DRO (water)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial when completed <u>DXL</u> Lot # of added preservative
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

Client Notification/ Resolution: Copy COC to Client? Y / N Field Data Required? Y / N

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: [Signature]

Date: 3/19

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)

**CHAIN OF CUSTODY RECORD
ENVIRONMENTAL PROTECTION AGENCY REGION VII**

ACTIVITY LEADER(Print) DON LININGER	NAME OF SURVEY OR ACTIVITY ASR 4262	DATE OF COLLECTION 03 / 03 / 09 DAY MONTH YEAR	SHEET 1 of 1
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CONTENTS OF SHIPMENT **PROJECT ID RKA7LIRA** **6055732**

SAMPLE NUMBER	TYPE OF CONTAINERS				VOA SET (2 VIALS EA)	SAMPLED MEDIA					RECEIVING LABORATORY REMARKS/OTHER INFORMATION (condition of samples upon receipt, other sample numbers, etc.)
	CUBITAINER	BOTTLE	BOTTLE	BOTTLE		water	soil	sediment	dust	other	
4262-1		804				<input checked="" type="checkbox"/>					Sample collected @ 3.5' BGS
1 WERK											
											N 39.73578
											W 094.27386
											TCLP for RCRA metals 72 hr TAT

DESCRIPTION OF SHIPMENT	MODE OF SHIPMENT
<input type="checkbox"/> PIECE(S) CONSISTING OF _____ BOX(ES) <input checked="" type="checkbox"/> ICE CHEST(S); OTHER _____	<input type="checkbox"/> COMMERCIAL CARRIER: _____ <input type="checkbox"/> COURIER <input checked="" type="checkbox"/> SAMPLER CONVEYED (SHIPPING DOCUMENT NUMBER) _____

PERSONNEL CUSTODY RECORD					
RELINQUISHED BY (SAMPLER)	DATE	TIME	RECEIVED BY	REASON FOR CHANGE OF CUSTODY	
<i>[Signature]</i>	3/19/09	1120	<i>[Signature]</i>	3/19/09 11:20	1.6°C
<input type="checkbox"/> SEALED <input checked="" type="checkbox"/> UNSEALED			<input type="checkbox"/> SEALED <input checked="" type="checkbox"/> UNSEALED		
RELINQUISHED BY	DATE	TIME	RECEIVED BY	REASON FOR CHANGE OF CUSTODY	
<input type="checkbox"/> SEALED <input checked="" type="checkbox"/> UNSEALED			<input type="checkbox"/> SEALED <input checked="" type="checkbox"/> UNSEALED		
RELINQUISHED BY	DATE	TIME	RECEIVED BY	REASON FOR CHANGE OF CUSTODY	
<input type="checkbox"/> SEALED <input checked="" type="checkbox"/> UNSEALED			<input type="checkbox"/> SEALED <input checked="" type="checkbox"/> UNSEALED		