Field Copy

Page: 2 of 2
Project #: N/A
GEL Quote #: N/A
COC Number (1): NYSERDA #1
PO Number: N/A

GEL Chain of Custody and Analytical Request

See www.gel.com for GEL's Sample Acceptance SOP

GEL Work Order Number:

GEL Laboratories, LLC
2040 Savage Road
Charleston, SC 29407
Phone: (843) 556-8171
Fax: (843) 766-1178

Client Name: Phone #:

Project/Site Name: Fax #:

Address:

Collected by: Send Results To:

Sample Analysis Requested (5) (Fill in the number of containers for each test)

Sample ID (* For composites - indicate start and stop date/time)	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Should this sample be considered: Radioactive	Should this sample be considered: TSCA Regulated	Number of containers											<-- Preservative Type (6)
3.2.4.R.1	10-19-15	10:00	N	N/A	N/A	N	N	1											
3.2.4.R.2	10-19-15	10:10	N	N/A	N/A	N	N	1											
3.2.4.R.3	10-19-15	10:35	N	N/A	N/A	N	N	1											
3.2.4.R.4	10-19-15	14:10	N	N/A	N/A	N	N	1											
3.2.4.R.5	10-19-15	14:10	FD	N/A	N/A	N	N	1											
3.1.7.R.1	10-19-15	14:50	N	N/A	N/A	N	N	1											
3.1.7.R.2	10-19-15	15:00	N	N/A	N/A	N	N	1											
3.1.8.R.1	10/19-15	15:20	N	N/A	N/A	N	N	1											
3.1.8.R.2	10-19-15	15:25	N	N/A	N/A	N	N	1											
3.1.8.R.6	10-19-15	16:15	EB	N/A	N/A	N	N	1											

Comments
Note: extra sample is required for sample specific QC

TAT Requested: Normal: Rush: Specify: (Subject to Surcharge) Fax Results: Yes / No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: *Are there any known hazards applicable to these samples? If so, please list the hazards*

Sample Collection Time Zone
Eastern Pacific
Central Other _____
Mountain

Chain of Custody Signatures

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

Sample Shipping and Delivery Details

GEL PM:
Method of Shipment: Date Shipped:
Airbill #:
Airbill #:

1.) Chain of Custody Number - Client Determined
2.) QC Codes: **N** = Normal Sample, **TB** = Trip Blank, **FD** = Field Duplicate, **EB** = Equipment Blank, **MS** = Matrix Spike Sample, **MSD** = Matrix Spike Duplicate Sample, **G** = Grab, **C** = Composite
3.) Field Filtered: For liquid matrices, indicate with a - **Y** - for yes the sample was field filtered or - **N** - for sample was not field filtered
4.) Matrix Codes: **DW**=Drinking Water, **GW**=Groundwater, **SW**=Surface Water, **WW**=Waste Water, **W**=Water, **ML**=Misc Liquid, **SO**=Soil, **SD**=Sediment, **SL**=Sludge, **SS**=Solid Waste, **O**=Oil, **F**=Filter, **P**=Wipe, **U**=Urine, **F**=Fecal, **N**=N
5.) Sample Analysis Requested: Analytical method requested (i.e. **8260B**, **6010B/7470A**) and number of containers provided for each (i.e. *8260B* - 3, *6010B/7470A* - 1).
6.) Preservative Type: **HA** = Hydrochloric Acid, **NI** = Nitric Acid, **SH** = Sodium Hydroxide, **SA** = Sulfuric Acid, **AA** = Ascorbic Acid, **HX** = Hexane, **ST** = Sodium Thiosulfate, If no preservative is added = leave field blank

For Lab Receiving Use Only
Custody Seal Intact? *YES* *NO*
Cooler Temp: *C*

WHITE = LABORATORY **YELLOW = FILE** **PINK = CLIENT**

Field copy

Page: _____ of _____
Project #:
GEL Quote #:
COC Number (1):
PO Number:

GEL Chain of Custody and Analytical Request

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GEL Laboratories, LLC
2040 Savage Road
Charleston, SC 29407
Phone: (843) 556-8171
Fax: (843) 766-1178

Client Name: Phone #:

Project/Site Name: Fax #:

Address:

Collected by: Send Results To:

Sample Analysis Requested (5) (Fill in the number of containers for each test)

Sample ID (* For composites - indicate start and stop date/time)	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (1)	Field Filtered (3)	Sample Matrix (4)	Should this sample be considered: Radioactive	Should this sample be considered: TSCA Regulated	Number of											<-- Preservative Type (6)	Comments Note: extra sample is required for sample specific QC
3.1.3.E.1	10-20-15	13:40	N	N/A	N/A	N	N	1												
3.1.3.E.2	10-20-15	13:50	N	N/A	N/A	N	N	1												
3.1.3.E.3	10-20-15	14:00	N	N/A	N/A	N	N	1												
3.1.3.E.4	10-20-15	14:25	N	N/A	N/A	N	N	1												
3.1.9.E.1	10-20-15	14:45	N	N/A	N/A	N	N	1												
3.1.9.E.2	10-20-15	14:55	N	N/A	N/A	N	N	1												
3.1.9.E.6	10-20-15	16:00	EB	N/A	N/A	N	N	1												

TAT Requested: Normal: Rush: Specify: (Subject to Surcharge) Fax Results: Yes / No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

***Remarks:** Are there any known hazards applicable to these samples? If so, please list the hazards*

Sample Collection Time Zone
Eastern Pacific
Central Other _____
Mountain

Chain of Custody Signatures

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

Sample Shipping and Delivery Details

GEL PM:
Method of Shipment: Date Shipped:
Airbill #
Airbill #

1) Chain of Custody Number – Client Determined
2) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
3) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered.
4) Matrix Codes: DW=Drinking Water, GW=Groundwater, SW=Surface Water, WW=Waste Water, W=Water, ML=Misc Liquid, SO=Soil, SD=Sediment, SL=Sludge, SS=Solid Waste, O=Oil, F=Filter, P=Wipe, U=Urine, F=Fecal, N=
5) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1)
6) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate, If no preservative is added = leave field blank

For Lab Receiving Use Only
Custody Seal Intact? *YES* *NO*
Cooler Temp. *C*

WHITE = LABORATORY **YELLOW = FILE** **PINK = CLIENT**

entered to CCC

Field Copy

Page. ____ of ____
Project #:
GEL Quote #:
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GEL Laboratories, LLC
2040 Savage Road
Charleston, SC 29407
Phone: (843) 556-8171
Fax: (843) 766-1178

Client Name: Phone #:

Project/Site Name: Fax #:

Address:

Collected by: Send Results To:

Sample Analysis Requested (5) (Fill in the number of containers for each test)

Sample ID (* For composites - indicate start and stop date/time)	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Should this sample be considered: Radioactive	Should this sample be considered: TSCA Regulated	Number of containers											<-- Preservative Type (6)
3.1.2.E.1	10-20-15	11:45	N	N/A	N/A	N	N	1											
3.1.2.E.2	10-20-15	11:00	N	N/A	N/A	N	N	1											
3.1.2.E.3	10-20-15	11:15	N	N/A	N/A	N	N	1											
3.1.2.E.4	10-20-15	11:30	N	N/A	N/A	N	N	1											

Comments
Note: extra sample is required for sample specific QC

TAT Requested: Normal ____ Rush: ____ Specify: ____ (Subject to Surcharge) | Fax Results: Yes / No | Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

***Remarks:** Are there any known hazards applicable to these samples? If so, please list the hazards*

Sample Collection Time Zone
Eastern Pacific
Central Other ____
Mountain

Chain of Custody Signatures

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

Sample Shipping and Delivery Details

GEL PM:
Method of Shipment: Date Shipped:
Airbill #:
Airbill #:

1) Chain of Custody Number -- Client Determined
2) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
3) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
4) Matrix Codes: DW=Drinking Water, GW=Groundwater, SW=Surface Water, WW=Waste Water, W=Water, ML=Misc Liquid, SO=Soil, SD=Sediment, SL=Sludge, SS=Solid Waste, O=Oil, F=Filter, P=Wipe, U=Urine, F=Fecal, NA
5) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1)
6) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate, If no preservative is added = leave field blank

For Lab Receiving Use Only
Custody Seal Intact? *YES* *NO*
Cooler Temp: *C*

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

entered to COC

Field copy

Page: ____ of ____
Project #:
GEL Quote #:
COC Number (1):
PO Number:

GEL Chain of Custody and Analytical Request

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Charleston, SC 29407
Phone: (843) 556-8171
Fax: (843) 766-1178

Client Name: Phone #:

Project/Site Name: Fax #:

Address:

Collected by: Send Results To:

Sample Analysis Requested (5) (Fill in the number of containers for each test)

Sample ID (* For composites - indicate start and stop date/time)	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Should this sample be considered: Radioactive	Should this sample be considered: TSCA Regulated	Number of											<-- Preservative Type (6)
3.1-20.R.1	10-20-15	1000	N	N/A	N/A	N	N	1											
3.1.20.R.2	10-20-15	1020	N	N/A	N/A	N	N	1											
3.1.17.R.1	10-20-15	10:40	N	N/A	N/A	N	N	1											
3.1.17.R.2	10-20-15	10:50	N	N/A	N/A	N	N	1											
3.1.17.R.5	10-20-15	10:45	FD	N/A	N/A	N	N	1											
3.1.17.R.6	10-20-15	10:55	FD	N/A	N/A	N	N	1											
3.1.18.R.1	10-20-15	11:20	N	N/A	N/A	N	N	1											
3.1.18.R.2	10-20-15	11:30	N	N/A	N/A	N	N	1											
3.1.19.R.1	10-20-15	13:40	N	N/A	N/A	N	N	1											
3.1.19.R.2	10-20-15	13:45	N	N/A	N/A	N	N	1											

Comments
Note: extra sample is required for sample specific QC

TAT Requested: Normal: Rush: Specify: (Subject to Surcharge) | Fax Results: Yes / No | Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: *Are there any known hazards applicable to these samples? If so, please list the hazards*

Sample Collection Time Zone
Eastern Pacific
Central Other
Mountain

Chain of Custody Signatures

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

Sample Shipping and Delivery Details

GEL PM:
Method of Shipment: Date Shipped:
Airbill #:
Airbill #:

1.) Chain of Custody Number - Client Determined
2.) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
3.) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
4.) Matrix Codes: DW - Drinking Water, GW - Groundwater, SW - Surface Water, WW - Waste Water, W - Water, ML - Misc Liquid, SO - Soil, SD - Sediment, SL - Sludge, SS - Solid Waste, O - Oil, F - Filter, P - Wipe, U - Urine, F - Fecal, N - N
5.) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1)
6.) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate, If no preservative is added - leave field blank

For Lab Receiving Use Only
Custody Seal Intact? YES NO
Cooler Temp C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

Entered to COC

Field copy

Page: ..... of .....
Project #:
GEL Quote #:
COC Number (1):
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GEL Chain of Custody and Analytical Request

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Collected by: Send Results To:

Sample Analysis Requested (5) (Fill in the number of containers for each test)

Sample ID * For composites - indicate start and stop date/time	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Should this sample be considered: Radioactive	Should this sample be considered: TSCA Regulated	Number of containers											<-- Preservative Type (6)	Comments Note: extra sample is required for sample specific QC
3.1.21.R1	10-20-15	1445	N	N/A	N/A	N	N	1												
3.1.21.R2	10-20-15	1430	N	N/A	N/A	N	N	1												
3.1.22.R1	10-20-15	1445	N	N/A	N/A	N	N	1												
3.1.22.R2	10-20-15	1450	N	N/A	N/A	N	N	1												
3.1.23.R1	10-20-15	1610	N	N/A	N/A	N	N	1												
3.1.23.R2	10-20-15	1515	N	N/A	N/A	N	N	1												
3.1.24.R1	10-20-15	1535	N	N/A	N/A	N	N	1												
3.1.24.R2	10-20-15	1540	N	N/A	N/A	N	N	1												
3.1.24.RB	10-20-15	1600	EB	N/A	N/A	N	N	1												

TAT Requested: Normal: Rush: Specify: (Subject to Surcharge) | Fax Results: Yes / No | Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

***Remarks:** Are there any known hazards applicable to these samples? If so, please list the hazards*

Sample Collection Time Zone
Eastern Pacific
Central Other .....
Mountain

Chain of Custody Signatures

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

Sample Shipping and Delivery Details

GEL PM:
Method of Shipment: Date Shipped:
Airbill #:
Airbill #

1.) Chain of Custody Number - Client Determined
2.) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
3.) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
4.) Matrix Codes: DW = Drinking Water, GW = Groundwater, SW = Surface Water, WW = Waste Water, W = Water, ML = Misc. Liquid, SO = Soil, SD = Sediment, SL = Sludge, SS = Solid Waste, O = Oil, F = Filter, P = Wipe, U = Urine, F = Fecal, N =
5.) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1).
6.) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate, If no preservative is added = leave field blank

For Lab Receiving Use Only
Custody Seal Intact? YES NO
Cooler Temp C

WHITE = LABORATORY **YELLOW = FILE** **PINK = CLIENT**

Entered to COC

✓

Field Copy

Page: ____ of ____
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Sample Analysis Requested (5) (Fill in the number of containers for each test)

Sample ID (* For composites - indicate start and stop date/time)	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Should this sample be considered: Radioactive	Should this sample be considered: TSCA Regulated	Number of containers											<-- Preservative Type (6)
✓3.1.10.E1	10-21-15	10:00	N																
✓3.1.10.E2	10-21-15	10:05	N																
✓3.1.12E1	10-21-15	10:25	N																
✓3.1.12E2	10-21-15	10:30	N																
✓3.1.13R1	10-21-15	10:55	N																
✓3.1.13R2	10-21-15	11:00	N																
✓3.1.14R1	10-21-15	10:20	N																
✓3.1.14R2	10-21-15	10:25	N																

Comments
Note: extra sample is required for sample specific QC

TAT Requested: Normal: Rush: Specify: (Subject to Surcharge) | Fax Results: Yes / No | Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: *Are there any known hazards applicable to these samples? If so, please list the hazards*

Sample Collection Time Zone
Eastern Pacific
Central Other
Mountain

Chain of Custody Signatures

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

Sample Shipping and Delivery Details

GEL PM:
Method of Shipment: Date Shipped:
Airbill #:
Airbill #:

1) Chain of Custody Number - Client Determined
2) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
3) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
4) Matrix Codes: DW - Drinking Water, GW - Groundwater, SW - Surface Water, WW - Waste Water, W - Water, ML - Misc Liquid, SO - Soil, SD - Sediment, SL - Sludge, SS - Solid Waste, O - Oil, F - Filter, P - Wipe, U - Urine, F - Fecal, N
5) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1)
6) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate, If no preservative is added - leave field blank

For Lab Receiving Use Only
Custody Seal Intact? *YES* *NO*
Cooler Temp C

WHITE = LABORATORY **YELLOW = FILE** **PINK = CLIENT**

✓ 41

Entered to COC 10-21.

Field Copy

Page: _____ of _____
Project #:
GEL Quote #:
COC Number (1):
PO Number:

GEL Chain of Custody and Analytical Request

See www.gel.com for GEL's Sample Acceptance SOP

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Client Name: Phone #:

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Address:

Collected by: Send Results To:

Sample Analysis Requested (5) (Fill in the number of containers for each test)

Sample ID (* For composites - indicate start and stop date/time)	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Should this sample be considered: Radioactive	Should this sample be considered: TSCA Regulated	Number of containers											<-- Preservative Type (6)	Comments Note: extra sample is required for sample specific QC
✓ 3.1.1.E.1	10-21-15	13:10	N																	
✓ 3.1.1.E.2	10-21-15	13:25	N																	
✓ 3.1.1.E.3	10-21-15	13:35	N																	
✓ 3.1.1.E.4	10-21-15	13:45	N																	
✓ 3.1.1.E.5	10-21-15	13:15	FD																	
✓ 3.1.1.E.6	10-21-15	13:30	FD																	
✓ 3.1.1.E.7	10-21-15	13:40	FD																	
✓ 3.1.1.E.8	10-21-15	13:50	FD																	

TAT Requested: Normal: ____ Rush: ____ Specify: ____ (Subject to Surcharge) | Fax Results: Yes / No | Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

***Remarks:** Are there any known hazards applicable to these samples? If so, please list the hazards*

Sample Collection Time Zone: Eastern, Central, Mountain, Pacific, Other _____

Chain of Custody Signatures

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

Sample Shipping and Delivery Details

GEL PM:
Method of Shipment: Date Shipped:
Airbill #:
Airbill #:

1.) Chain of Custody Number - Client Determined
2.) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
3.) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
4.) Matrix Codes: DW -Drinking Water, GW-Groundwater, SW: Surface Water, WW -Waste Water, W-Water, ML= Misc Liquid, SO-Soil, SD-Sediment, SL-Sludge, SS-Solid Waste, O-Oil, F-Filter, P Wipe, U-Urine, F-Fecal, N-N
5.) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1).
6.) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate, If no preservative is added = leave field blank

For Lab Receiving Use Only
Custody Seal Intact? YES NO
Cooler Temp. C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

✓

Entered COC

Field Copy

Page: ____ of ____
Project #:
GEL Quote #:
COC Number [1]:
PO Number:

GEL Chain of Custody and Analytical Request

See www.gel.com for GEL's Sample Acceptance SOP

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Phone: (843) 556-8171
Fax: (843) 766-1178

Client Name: Phone #:

Project/Site Name: Fax #:

Address:

Collected by: Send Results To:

Sample Analysis Requested [5] (Fill in the number of containers for each test)

Sample ID (* For composites - indicate start and stop date/time)	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code [2]	Field Filtered [3]	Sample Matrix [4]	Should this sample be considered: Radioactive	Should this sample be considered: TSCA Regulated	Number of											<-- Preservative Type (6)	Comments Note: extra sample is required for sample specific QC
✓ 3.1.11.E1	10/21/15	13:35	N																	
✓ 3.1.11.E2	10/21/15	13:40	N																	
✓ 3.1.15.R1	10/21/15	14:40	N																	
✓ 3.1.15.R2	10/21/15	14:45	N																	
✓ 3.1.16.R1	10/21/15	14:10	N																	
✓ 3.1.16.R2	10/21/15	14:15	N																	
* ~~✓ 3.1.5.R6~~ 3.1.16.R6	10/21/15	10:00	EB																	

TAT Requested: Normal ____ Rush: ____ Specify: ____ (Subject to Surcharge) | Fax Results: Yes / No | Circle Deliverable: C of A / QC Summary Level 1 / Level 2 / Level 3 / Level 4

***Remarks:** Are there any known hazards applicable to these samples? If so, please list the hazards*

Sample Collection Time Zone: Eastern, Central, Mountain, Pacific, Other ____

Chain of Custody Signatures

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

Sample Shipping and Delivery Details

GEL PM:
Method of Shipment: Date Shipped:
Airbill #:
Airbill #:

1.) Chain of Custody Number - Client Determined
2.) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
3.) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
4.) Matrix Codes: DW = Drinking Water, GW = Groundwater, SW = Surface Water, WW = Waste Water, W = Water, ML = Misc Liquid, SO = Soil, SD = Sediment, SL = Sludge, SS = Solid Waste, O = Oil, F = Filter, P = Wipe, U = Urine, F = Fecal, N = N
5.) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1)
6.) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate, If no preservative is added - leave field blank

For Lab Receiving Use Only
Custody Seal Intact? YES NO
Cooler Temp. C

WHITE = LABORATORY **YELLOW = FILE** **PINK = CLIENT**

Field Copy

Page: ___ of ___
Project #:
GEL Quote #:
COC Number (1):
PO Number:

GEL Chain of Custody and Analytical Request

See www.gel.com for GEL's Sample Acceptance SOP

GEL Work Order Number:

GEL Laboratories, LLC
2040 Savage Road
Charleston, SC 29407
Phone: (843) 556-8171
Fax: (843) 766-1178

Client Name: Phone #:

Project/Site Name: Fax #:

Address:

Collected by: Send Results To:

Sample Analysis Requested (5) (Fill in the number of containers for each test)

Sample ID (* For composites - indicate start and stop date/time)	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Should this sample be considered: Radioactive	TSCA Regulated	Number of										<-- Preservative Type (6)	Comments Note: extra sample is required for sample specific QC
✓ 3.1.6.R.1	10-21-15	14:15	N																
✓ 3.1.6.R.2	10-21-15	14:25	N																
✓ 3.1.6.R.3	10-21-15	14:35	N																
✓ 3.1.6.R.4	10-21-15	14:20	N																
✓ 3.1.5.R.1	10-21-15	15:00	N																
✓ 3.1.5.R.2	10-21-15	1505	N																
✓ 3.1.5.R.3	10-21-15	1520	N																
3.1.5.R.4	10-21-15	15:40	N																
✓ 3.1.5.R.6	10-21-15	1600	EB																

TAT Requested: Normal: ____ Rush: ____ Specify: ____ (Subject to Surcharge) | Fax Results: Yes / No | Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

***Remarks:** Are there any known hazards applicable to these samples? If so, please list the hazards*

Sample Collection Time Zone: Eastern, Central, Mountain, Pacific, Other ____

Chain of Custody Signatures

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

Sample Shipping and Delivery Details

GEL PM:
Method of Shipment: Date Shipped:
Airbill #:
Airbill #:

1.) Chain of Custody Number – Client Determined
2.) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
3.) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
4.) Matrix Codes: DW=Drinking Water, GW=Groundwater, SW=Surface Water, WW=Waste Water, W=Water, ML=Misc Liquid, SO=Soil, SD=Sediment, SL=Sludge, SS=Solid Waste, O=Oil, F=Filter, P=Wipe, U=Urine, F=Fecal, N=N
5.) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1).
6.) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate, If no preservative is added = leave field blank

For Lab Receiving Use Only
Custody Seal Intact? YES NO
Cooler Temp: C

WHITE = LABORATORY **YELLOW = FILE** **PINK = CLIENT**

✓

Entered COC

Field Copy

Page: _____ of _____
Project #:
GEL Quote #:
COC Number [1]:
PO Number:

GEL Chain of Custody and Analytical Request

See www.gel.com for GEL's Sample Acceptance SOP

GEL Work Order Number:

GEL Laboratories, LLC
2040 Savage Road
Charleston, SC 29407
Phone: (843) 556-8171
Fax: (843) 766-1178

Client Name: Phone #:

Project/Site Name: Fax #:

Address:

Collected by: Send Results To:

Sample Analysis Requested [5] (Fill in the number of containers for each test)

Sample ID * For composites - indicate start and stop date/time	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code [2]	Field Filtered [3]	Sample Matrix [4]	Should this sample be considered: Radioactive	Should this sample be considered: TSCA Regulated	Number of										<-- Preservative Type (6)	Comments Note: extra sample is required for sample specific QC
✓1.3.C.1	10-21-15	9:35	N																
✓1.3.C.2	10-21-15	9:50	N																
✓1.3.C.3	10-21-15	10:00	N																
✓1.3.C.5	10-21-15	9:40	FD																
✓1.3.C.6	10-21-15	9:55	FD																
✓3.1.4.R.1	10-21-15	10:55	N																
✓3.1.4.R.2	10-21-15	11:05	N																
✓3.1.4.R.3	10-21-15	11:15	N																
✓3.1.4.R.4	10-21-15	11:20	N																

TAT Requested: Normal: Rush: Specify: (Subject to Surcharge) | Fax Results: Yes / No | Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: *Are there any known hazards applicable to these samples? If so, please list the hazards*

Sample Collection Time Zone
Eastern Pacific
Central Other _____
Mountain

Chain of Custody Signatures

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

Sample Shipping and Delivery Details

GEL PM:
Method of Shipment: Date Shipped:
Airbill #:
Airbill #:

1.) Chain of Custody Number – Client Determined
2.) QC Codes: **N** = Normal Sample, **TB** = Trip Blank, **FD** = Field Duplicate, **EB** = Equipment Blank, **MS** = Matrix Spike Sample, **MSD** = Matrix Spike Duplicate Sample, **G** = Grab, **C** = Composite
3.) Field Filtered: For liquid matrices, indicate with a - **Y** - for yes the sample was field filtered or - **N** - for sample was not field filtered.
4.) Matrix Codes: **DW**=Drinking Water, **GW**=Groundwater, **SW**=Surface Water, **WW**=Waste Water, **W**=Water, **ML**=Misc Liquid, **SO**=Soil, **SD**=Sediment, **SL**=Sludge, **SS**=Solid Waste, **O**=Oil, **F**=Filter, **P**=Wipe, **U**=Urine, **F**=Fecal, **N**=N
5.) Sample Analysis Requested: Analytical method requested (i.e. **8260B, 6010B/7470A**) and number of containers provided for each (i.e. *8260B* - 3, *6010B/7470A* - 1).
6.) Preservative Type: **HA** = Hydrochloric Acid, **NI** = Nitric Acid, **SH** = Sodium Hydroxide, **SA** = Sulfuric Acid, **AA** = Ascorbic Acid, **HX** = Hexane, **ST** = Sodium Thiosulfate, If no preservative is added = leave field blank

For Lab Receiving Use Only
Custody Seal Intact? *YES* *NO*
Cooler Temp: _____ C

WHITE = LABORATORY **YELLOW = FILE** **PINK = CLIENT**

entered to COC 10-21