

Field Copy

Page: 1 of
 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: MJW Technical Services Phone #: (716) 372-5300
 Project/Site Name: NYSERDA Fax #: (716) 372-5307

Address: 243 ROOT ST. SUITE 100, OLEAN NY 14760

Collected by: TORI BROWN Send Results To: LAURIE LOSEY

Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Radi oactive	TSC A Regulated	ber of	Sample Analysis Requested (5) (Fill in the number of containers for each test)						Comments Note: extra sample is required for sample specific QC		
									1	2	3	4	5	6		7	8
<u>3.2.2.R.1</u>	<u>10-16-15</u>																
<u>3.2.2.R.2</u>	<u>10-16-15</u>																
<u>3.2.3.R.1</u>	<u>16-16-15</u>																
<u>3.2.3.R.2</u>	<u>10-16-15</u>																

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						Sample Shipping and Delivery Details	
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time	GEL PM:	
1			1			Method of Shipment:	Date Shipped:
2			2			Airbill #:	
3			3			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

Field Copy

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

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

GEL Work Order Number: _____

Client Name:		Phone #:		Sample Analysis Requested ⁽⁵⁾ (Fill in the number of containers for each test)																					
Project/Site Name:		Fax #:		Should this sample be considered:	TSC A Regulated	ber of																		← Preservative Type (6)	
Address:																									
Collected by:		Send Results To:		Rad	TSC A	ber of																		Comments Note: extra sample is required for sample specific QC	
Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code ⁽³⁾																						Field Filtered ⁽⁴⁾
3.2.1.R.1	10-16-15	15:05	NA	NA	NA	N	N	1																	
3.2.1.R.2	10-16-15	14:05	NA	NA	NA	N	N	1																	
3.2.1.R.5	10-16-15	14:05	FD	NA	NA	N	N	1																	
3.2.1.R.E	10-16-15	15:52	EB																						

TAT Requested: Normal / Rush: _____ Specify _____ (Subject to Surchage) 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						Sample Shipping and Delivery Details			
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time	GEL PM:			
1			1			Method of Shipment:		Date Shipped:	
2			2			Airbill #:			
3			3			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, L - Urine, F - Fecal, N - N/A
 5.) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 1, 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, X added - leave field blank

For Lab Receiving Use Only

Custody Seal Intact?
 YES NO

Cooler Temp
 C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

copy

Page: 2 of 2

Project #: N/A

GEL Quote #: N/A

COC Number (1): NYSEDA

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)

Should this sample be considered: _____

← Preservative Type (6)

Comments
Note: extra sample is required for sample specific QC

Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (3)	Field Filtered (4)	Sample Matrix (5)	Radi oactive	ISC A Regulated	ber of												
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	10:55	N	N/A	N/A	N	N	1												
3.2.4.R.4	10-19-15	11:10	N	N/A	N/A	N	N	1												
3.2.4.R.5	10-19-15	11:10	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												

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						Sample Shipping and Delivery Details	
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time	GEL PM:	
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2			2			Airbill #: _____	
3			3			Airbill #: _____	

1.) Chain of Custody Number - Client Determined

2.) QC Codes: N - Nonnet 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 - Nit

5.) Sample Analysis Requested: Analytical method requested (i.e. #260B, 6010B/7470A) and number of containers provided for each (i.e. #260B - 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

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YES _____ NO _____

Cooler Temp
C _____

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