PSC Analytical Services
4418 Pottsville Pike
Reading, PA 19605
phone: (610) 921-8833
fax: (610) 921-9667 or 921-8407

CHAIN OF CUSTODY

PSC Work Order # R0207054
Page ___ of ___

JOB ID: 02240572

Report Results To:	PO # / Quote #
	Name: William S. Kerrigan, CIH
	Company: Environmental Health Investigations, Inc
	Mailing Address: 655 West Shore Trail
	City: Sparta State: NJ ZIP: 07871
	Telephone #: 973-729-5645 Fax #: 973-786-6915
Submit Invoice To:	Name
	Company
	Mailing Address: SAME
	City State ZIP
	Telephone # Fax #
	Credit Card Info (include exp. date)

Sampled by: W. S. Kerrigan Sampling Location (Specify State): NY
Due Date: 2/25/02 - RUSH (Rush TAT requires Lab approval)

REPORTING REQUIREMENTS (Circle all that apply)
Full Data Package Reduced Deliverables Package Electronic Data Deliverables
UST NPDES MIPP RCRA Stormwater DEP (PWS #)

ANALYSIS REQUESTED
Use attachments if necessary.
Please specify method requirements.

Preservatives Key:
A = Ascorbic Acid
C = HCl N2 = NaS2O3
H = HNO3 S = H2SO4
I = Ice Z = ZnAcetate
N = NaOH X = None
O = Other: ___

ITEM #	SAMPLE DESCRIPTION (ID must match container labels)	Final Air Volume (L or min)	Matrix Type	Sampling Info Date	Sampling Info Time	MEA-1 Scan TAT	Preservatives (See above Key: list all that apply)	Type (P=Plastic, G=Glass, A=Air)	Container Volume (Liter, etc)	Number of Containers
1	LMB-022002-01A									
2	LMB-022002-02A					X				
3	LMB-022002-03A					X				
4	LMB-022002-04A					X				
5	LMB-022002-05A					X				
6	LMB-022002-06A					X				
7	LMB-022002-07A					X				
8	LMB-022002-08A					X				
9						X				
10										

(1) Relinquished by:	Date 2/20/02	Time	(2) Received by: FEDEX	Date 2/21/02	Time 0830	(3) Relinquished by:	Date / Time
(4) Received by:	Date	Time	(5) Relinquished by:	Date	Time	(6) Received at Lab:	Date / Time

Method of Delivery: UPS FED-EX PAS Courier Client US Mail Other ___

PSC Analytical Services

Sample Receipt Checklist

Client Name ENVIRONMENTAL HEALTH I

Date and Time Receive 2/21/2002 9:30:00 AM

Work Order Numbe R02020734

Received by PRS

Checklist completed b _____ (Signature) 2/21/02 (Date) Reviewed by DE (Initials) 2/21/02 (Date)

Matrix

Carrier name FedEx

Shipping container/cooler in good condition?	Yes ☑	No ☐	Not Presen ☐
Custody seals intact on shippping container/cooler?	Yes ☐	No ☐	Not Presen ☑
Custody seals intact on sample bottles?	Yes ☐	No ☐	Not Presen ☑
Chain of custody present?	Yes ☑	No ☐	
Chain of custody signed when relinquished and received?	Yes ☑	No ☐	
Chain of custody agrees with sample labels?	Yes ☑	No ☐	
Samples in proper container/bottle?	Yes ☑	No ☐	
Sample containers intact?	Yes ☑	No ☐	
Sufficient sample volume for indicated test?	Yes ☑	No ☐	
All samples received within holding time?	Yes ☑	No ☐	
Container/Temp Blank temperature in compliance?	Yes ☑	No ☐	
Water - VOA vials have zero headspace?	No VOA vials submitted ☑	Yes ☐	No ☐
Water - pH acceptable upon receipt?	Yes ☑	No ☐	

Adjusted? _____ Checked b _____

Any No and/or NA (not applicable) response must be detailed in the comments section b

Client contacted _____ Date contacted: _____ Person contacted _____

Contacted by: _____ Regarding _____

Comments: _____

Corrective Action _____