

Pace Analytical™

www.pacelabs.com

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

625144

Required Client Information: Section A

Company: **ATC Associates Inc.**
 Address: **104 E 25th Street**
10th floor
NY NY 10016
 Phone: **212.353.8280** Fax: **212.353.8206**

Required Client Information: Section B

Report To: **James Cohn**
 Copy To:
 Invoice To:
 P.O.:
 Project Name: **9/11 Negat Hs**
 Project Number: **19125-0246**

Page: 1 of 1

To Be Completed by Pace Analytical and Client Section C

Quote Reference:
 Project Manager:
 Project #: **1058094**
 Profile #:
 Requested Analysis:

Section D Required Client Information:

SAMPLE ID

One character per box.
 (A-Z, 0-9 / -)
 Sample IDs MUST BE UNIQUE

Valid Matrix Codes
 MATRIX CODE
 WATER WT
 SOIL SL
 OIL OL
 WIPE WP
 AIR AR
 TISSUE TS
 OTHER OT

MATRIX CODE

DATE COLLECTED
mm / dd / yyTIME COLLECTED
hh:mm:ss

Containers

Preservatives

Unpreserved
 H₂SO₄
 HNO₃
 HCl
 NaOH
 Na₂S₂O₃
 Methanol
 Other

ITEM #	SAMPLE ID												MATRIX CODE	DATE COLLECTED	TIME COLLECTED	# Containers	Unpreserved	H ₂ SO ₄	HNO ₃	HCl	NaOH	Na ₂ S ₂ O ₃	Methanol	Other	Remarks / Lab ID						
1	A	T	C	-	0	5	1	5	-	S	T	Y	-	D	X	1	WP	5/15/12	1M ²										✓	Main lobby wall	3580015
2	A	T	C	-	0	5	1	5	-	S	T	Y	-	D	X	2	WP												✓	Bridge Ent lobby wall	3580023
3	A	T	C	-	0	5	1	5	-	S	T	Y	-	D	X	3	WP												✓	AVAC	3580031
4																															
5																															
6																															
7																															
8																															
9																															
10																															
11																															
12																															

SHIPMENT METHOD	AIRBILL NO.	SHIPPING DATE	NO. OF COOLERS	ITEM NUMBER	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Fed-Ex								K-Bank	5/15/12	11:20

SAMPLE CONDITION

Temp in °C: **20**
 Received on Ice: **Y/N**
 Sealed Cooler: **Y/N**
 Samples Intact: **Y/N**

SAMPLE NOTES

Additional Comments:

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER:

DATE Signed: (MM / DD / YY)

ORIGINAL

SEE REVERSE SIDE FOR INSTRUCTIONS

Form C0001 Rev. 001

SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008

CONFIDENTIAL,

CITY_21MC100_003432599