



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 #

R02050507

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Report Results To:	PO #	Quote #	
	Name	James Cohn	
	Company	ATC Associates Inc	
	Mailing Address	104 E 25th Street 10th floor	
	City	New York	State NY ZIP 10010
Submit Invoice To:	Telephone #	212. 353. 8280	Fax # 212. 353. 8306
	Name		
	Company	SAME	
	Mailing Address		
	City	State	ZIP
	Telephone #	Fax #	
	Credit Card Info (include exp. date)		

JOB ID: 19125-0289

ANALYSIS REQUESTED

Use attachments if necessary.

Please specify method requirements.

Preservatives Key:

A = Ascorbic Acid

C = HCl N2 = Na2S2O3

H = HNO3 S = H2SO4

I = Ice Z = ZnAcetate

N = NaOH X = None

O = Other: _____

Sampled by: WAGDI Sampling Location (Specify State):

Due Date: (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 #)

ITEM #	SAMPLE DESCRIPTION (ID must match container labels)	Final Air Volume (L/min)	Matrix Type	Sampling Info		
				Date	Time	
1	ATC-0506-150M-PCB1	100cm ³	wipes	5/6/02		✓
2	ATC-0506-150M-PCB1	Blank	wipes	↓	-	✓
3						
4						
5						
6						
7						
8						
9						
10						

PCBS

Preservatives (See above Key; list all that apply)

Type (P=Plastic, G=Glass, A=Air)

Container Volume (Liter, etc)

Number of Containers

Main lobby

Blank

pl's use the Blank
with all the samples
provided

(1) Relinquished by: <i>Wagdi</i>	Date	Time	(2) Received by:	Date	Time	(3) Relinquished by:	Date	Time
(4) Received by:	Date	Time	(5) Relinquished by:	Date	Time	(6) Received at Lab: <i>B. Santil</i>	Date	Time
							5/14/02	9:50

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