



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 #

R02040518

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JOB ID:

19125-0297

Report Results To:	PO #	Quote #		
	Name	<i>James Cohn</i>		
	Company	<i>ATC</i>		
	Mailing Address	<i>104 E 25th Street</i>		
	City	State	ZIP	
Submit Invoice To:	City	<i>NY</i>	<i>NY</i>	<i>10010</i>
	Telephone #	<i>212-353-8280</i>	Fax #	<i>212-353-8306</i>
	Name			
	Company	<i>SAME</i>		
	Mailing Address			
	City	State	ZIP	
	Telephone #	Fax #		
	Credit Card Info (include exp. date)			

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: _____

Sampled by: *Temple Ngeli* Sampling Location (Specify State): *NY*
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 or min)	Matrix Type	Sampling Info	
				Date	Time
1	<i>ATC-0411-89M-DUST-0</i>	<i>14400</i>	<i>PM</i>	<i>4/10-11/02</i>	<i>24hrs. ✓</i>
2					
3					
4					
5					
6					
7					
8					
9					
10					

Gravimetric dust

Preservatives (See above Key; list all that apply)

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

Container Volume (Liter, etc)

Number of Containers

Hallway by Cafeteria

(1) Relinquished by: <i>Temple</i>	Date: <i>4/11/02</i>	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>J. Droge</i>	Date: <i>4-12-02</i>	Time: <i>950</i>

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