

Pace Analytical™

www.pacelabs.com

Hazardous Waste Analytical Request Document

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: **604 E 25th Street**
10th floor
NY NY 10010
 Phone: **212.353.8280** Fax: **212.353.2344**

Required Client Information: Section B

Report To: **James Cahn**
 Copy To:
 Invoice To:
 P.O.
 Project Name: **Stuyvesant Hs**
 Project Number: **19125-0246**

Page: 1 of 1

To Be Completed by Pace Analytical and Client Section C

Quote Reference:
 Project Manager:
 Project #: **1058092**
 Profile #:
 Requested Analysis:

ITEM #	Section D Required Client Information:		Valid Matrix Codes & CODE	MATRIX CODE	DATE COLLECTED mm / dd / yy	TIME COLLECTED	# Containers	Preservatives								Remarks / Lab													
	SAMPLE ID One character per box. (A-Z, 0-9 / -) Sample IDs MUST BE UNIQUE							Unpreserved	H ₂ SO ₄	HNO ₃	HCl	NaOH	Na ₂ SO ₃	Methanol	Other														
1	A	T	C	-	0	5	2	2	-	S	T	Y	-	D	X	1	WP	5/22/02	1m ²									✓ Main Lobby wall	357995
2	A	T	C	-	0	5	2	2	-	S	T	Y	-	D	X	2												✓ Bridge Ent Lobby wall	357996
3	A	T	C	-	0	5	2	2	-	S	T	Y	-	D	X	3												✓ HVAC I	357997
4																													
5																													
6																													
7																													
8																													
9																													
10																													
11																													
12																													

SHIPMENT METHOD	AIRBILL NO	SHIPPING DATE	NO. OF COOLERS	WTS NUMBER	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Fedex								Ka. Bunk	5/22/02	11:00

SAMPLE CONDITION

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

Additional Comments:

SAMPLE NOTES

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER:

DATE Signed (MM / DD / YY)

ORIGINAL

SEE REVERSE SIDE FOR INSTRUCTIONS

Form C-001 Rev. 02

CITY_21MC100_002889949