



PSC Analytical Services

4418 Pottsville Pike

Reading, PA 19605

phone: (610) 921-8833

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CHAIN OF CUSTODY

PSC Work Order #

R020000246

Page 1 of 1

JOB ID: 19125-0279

Report Results To:	PO #	Quote #	
	Name	James Cohn	
	Company	ATC Associates Inc	
	Mailing Address	104 E 23rd Street 10th floor	
	City	State	ZIP
Submit Invoice To:	City	New York	NY 10010
	Telephone #	212.353.8220	Fax # 212.353.8306
	Name		
	Company	SAME	
	Mailing Address		
City		State	ZIP
Telephone #		Fax #	
Credit Card Info (include exp. date)			
Sampled by: <i>Wagch</i>		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 ~~canister~~)	Matrix Type
			Sampling Info Date Time
1	ATC-0604-234M-M1	1200	air 6/4/02 600 ✓
2	ATC-0604-234M-M2	1200	600 ✓
3	ATC-0604-234M-M3	1200	600 ✓
4	ATC-0604-234M-M4	1200	600 ✓
5	ATC-0604-234M-M5	Blank	Blank ✓
6	ATC-0604-234M-M6	Blank	Blank ✓
7			
8			
9			
10			
(1) Relinquished by: <i>Wagch</i>		Date	Time
(4) Received by:		Date	Time
(2) Received by:		Date	Time
(5) Relinquished by:		Date	Time
(3) Relinquished by:		Date	Time
(6) Received at Lab: <i>A.K.</i>		Date	Time

ANALYSIS REQUESTED

Use attachments if necessary.

Please specify method requirements.

Preservatives Key:

A = Ascorbic Acid

C = HCl

N2 = Na2SO3

H = HNO3

S = H2SO4

I = Ice

Z = ZnAcetate

N = NaOH

X = None

O = Other:

Preservatives (See above Key; list all that apply)

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

Container Volume (Liter, etc)

Number of Containers

Main Ent Lobby

1st floor Hall Center

West play ground

Roof

Blank

Blank

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

NYC 9/11 Public Portal Document
CITY_21MCI00_002920178