Shaw Environmental, Inc.

DAILY LOG				
	DATE			
	NO.			
	SHEET	OF		

Form 5. Field Activity Daily Log

PROJECT NAME:	PROJECT NO.:
FIELD ACTIVITY SUBJECT:	
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS:	
VISITORS ON SITE:	CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:
WEATHER CONDITIONS:	IMPORTANT TELEPHONE CALLS:
SHAW PERSONNEL ON SITE:	
SIGNATURE:	DATE:

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Ref. Document # _____

Page _____ of ____

Form 6. Analytical Request/Chain-of-Custody

Project Number: _____

Project Name / Location: _____

Purchase Order #: _____

Project Contact: _____
(Name & phone #)

Shipment Date: _____

Waybill/Airbill Number: _____

Lab Destination: _____

Lab Contact Name / ph. #: _____

Send Report To: _____

Phone/Fax Number: _____

Address: _____

City: _____

Sampler's Name(s): _____

Sample ID Number	Sample Description	Collection Information			Matrix	# of containers	Container type	Preservative						Analyses Requested									Turn Around Time Requested
		Date	Time	G/C				HCL	NaOH	HNO_3	H_2SO_4	Ice											

Special Instructions:

QC/Data Package Level Required:
I II III IV/Project Specific: _____

Relinquished By:	Date:	Received By:	Date:
	Time:		Time:
Relinquished By:	Date:	Received By:	Date:
	Time:		Time:
Relinquished By:	Date:	Received By:	Date:
	Time:		Time:

G/C Codes

C = Composite G = Grab

Matrix Codes

DW = Drinking Water	SO =Soil
GW = Ground Water	SL = Sludge
WW = Waste Water	CP = Chip Samples
SW = Surface Water	WP = Wipe Samples
LIQ = Other Liquid	SOL = Other Solid
AS = Air Sample	SED = Sediment

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Form 6. Analytical Request/Chain-of-Custody (Concluded 2 of 2)

COC Ref. Document # _____ Page _____ of _____

Project Number: _____ Shipment Date: _____

Project Name / Location: _____

Sample ID Number	Sample Description	Collection Information			Matrix	# of containers	Container type	Preservative						Analyses Requested										Turn Around Time Requested
		Date	Time	G/C				HCL	NaOH	HNO_3	H_2SO_4	Ice												

Page _____

Form 7. Test Equipment and Calibration Log

Project Name: _____ Project No. _____

Equipent Number and Use (Screening or Analytical)	Equipment Name (Manufacturer and Model ID)	Date and Time (of Califbration)	Calibration Standard Used (Mnaufacturer and Lot Number)	Equipment Reading (Include Units and Tolerances)	Comments (and/or Observations)	Initials (of Person)