

SECTION - A

**FIELD COC RECORDS AND RECEIVING
DOCUMENTATION**



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Phone (616) 975-4500 Fax (616) 942-7463
www.trimatrixlabs.com

Chain of Custody Record

COC No. 332825E

For Lab Use Only
Cart **10**

VOA Rack/Tray **535R, 628R**
Receipt Log No. **3-3**

Project Chemist
Lisa Harvey

Work Order No.
12052210

Client Name
TechLaw Inc.

Address
205 W. Wacker Drive, Suite 1622
Chicago, IL 60606

City, State Zip
Chicago, IL 60606

Phone/Ceil: 312.345.8930; 217.721.5483
Email: kwhitlock@techlawinc.com

Project Name
KNM

Client Project No. / P.O. No.

Invoice To Client
 Other (comments)

Contact/Report To
Kim Whitlock

Schedule
Matrix Code

Field Sample ID

Cooler ID

Sample Date

Sample Time

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

Total

Sample Comments

Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	Container Type	Number of Containers Submitted	Total	Sample Comments
W	01	106091A	Kim 29410	5-9-12	10:00	3	5	3	
W	X	106091B				5	2	5	
W	X	106091C				2	1	2	
W	X	106091D				1	1	1	
W	X	106091E				1	1	1	
W	X	106091F				1	1	1	
W	X	106091G				1	2	1	
W	X	106091H				2	1	2	
W	X	106091I				1	1	1	
W	X	106091J				1	1	1	

Sampled By (print)
Brian Salem

Sampler's Signature
Brian Salem

How Shipped?
Tracking No.

Hand _____ Carrier **V**

Comments: AMD, Sid-10-BD; 15-DVP.

Company
NMED/HWS

1. Relinquished By
Brian Salem

Date
5/9/12

Time
15:30

2. Relinquished By

Date

Time

3. Relinquished By

Date

Time
0815

Analyses Requested

A	D	A	A	C	B	F	D	B
EDB-8011	VOC, TPH-GRO	SVOC	Alk-BC/T, Cl, SO4	Amm., NO3+NO2	Total Ca,Mg,K,Na,Pb	sulfide	TPH-DRO	Dissolved Fe,Mn

Pg. **2** of **1**

- ← PRESERVATIVES
- A NONE pH<7
 - B HNO3 pH<2
 - C H2SO4 pH<2
 - D 1+1 HCl pH<2
 - E NaOH pH>12
 - F ZnAc/NaOH pH>9
 - G MeOH
 - H Other (note below)

ORIGINAL - LABORATORY

COPY - FIELD/SAMPLER

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client Tech Low	Work Order #: 1205226
Receipt Record Page/Line # 3-3	Project Chemist / Sample #s

Recorded by (initials/date): WC 5-10-12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 2	<input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (# _____) <input type="checkbox"/> See Additional Cooler Information Form
---	--	--------------------------	---

Cooler # Im 29416	Time 0900	
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Location: <input checked="" type="checkbox"/> Dispersed / Top / Middle / Bottom <input type="checkbox"/> Top / Middle / Bottom		
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		
Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C
Temp Blank: -	-	4.1
TB location: <input checked="" type="checkbox"/> Representative / <input type="checkbox"/> Not Representative		
1	5.1	5.1
2	5.6	5.6
3	5.4	5.4
Average °C		5.4
<input checked="" type="checkbox"/> Cooler ID on COC?		
<input checked="" type="checkbox"/> VOC Trip Blank received?		

Cooler # Im 02516	Time 0905	
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Location: <input checked="" type="checkbox"/> Dispersed / Top / Middle / Bottom <input type="checkbox"/> Top / Middle / Bottom		
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		
Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C
Temp Blank: -	-	3.5
TB location: <input checked="" type="checkbox"/> Representative / <input type="checkbox"/> Not Representative		
1	3.7	3.7
2	4.0	4.0
3	3.9	3.9
Average °C		3.9
<input checked="" type="checkbox"/> Cooler ID on COC?		
<input checked="" type="checkbox"/> VOC Trip Blank received?		

Cooler #	Time	
Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Location: <input type="checkbox"/> Dispersed / Top / Middle / Bottom <input type="checkbox"/> Top / Middle / Bottom		
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		
Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C
Temp Blank:		
TB location: <input type="checkbox"/> Representative / <input type="checkbox"/> Not Representative		
1		
2		
3		
Average °C		
<input type="checkbox"/> Cooler ID on COC?		
<input type="checkbox"/> VOC Trip Blank received?		

Cooler #	Time	
Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Location: <input type="checkbox"/> Dispersed / Top / Middle / Bottom <input type="checkbox"/> Top / Middle / Bottom		
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		
Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C
Temp Blank:		
TB location: <input type="checkbox"/> Representative / <input type="checkbox"/> Not Representative		
1		
2		
3		
Average °C		
<input type="checkbox"/> Cooler ID on COC?		
<input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received	
Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____
<input checked="" type="checkbox"/>	Received for Lab Signed/Date/Time?
<input checked="" type="checkbox"/>	<input type="checkbox"/> Shipping document?
<input checked="" type="checkbox"/>	<input type="checkbox"/> Other
COC Information	
<input checked="" type="checkbox"/>	TriMatrix COC <input type="checkbox"/> Other _____
COC ID Numbers:	

Check Sample Preservation		
N/A	Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Average sample temperature ≤6° C?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Was thermal preservation required?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	If "No", Project Chemist Approval Initials: _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	If "Yes" Completed Non Con Cooler - Cont Inventory Form?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Completed Sample Preservation Verification Form?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Samples chemically preserved correctly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	If "No", added orange tag?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Received pre-preserved VOC soils?
		<input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄

Check COC for Accuracy	
Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/> Analysis Requested?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Sample ID matches COC?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Sample Date and Time matches COC?
<input checked="" type="checkbox"/>	Container type completed on COC?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> All container types indicated are received?

Check for Short Hold-Time Prep/Analyses	
<input type="checkbox"/>	Bacteriological
<input type="checkbox"/>	Air Bags
<input type="checkbox"/>	EnCores / Methanol Pre-Preserved
<input type="checkbox"/>	Formaldehyde/Aldehyde
<input type="checkbox"/>	Green-tagged containers
<input type="checkbox"/>	Yellow/White-tagged 1L ambers (SV Prep-Lab)

AFTER HOURS ONLY:
COPIES OF COC TO LAB AREA(S)

NONE RECEIVED

RECEIVED, COCs TO LAB(S)

Sample Condition Summary		
N/A	Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Broken containers/lids?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Missing or incomplete labels?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Illegible information on labels?

Notes

Client Tech Law	Work Order # 1205226
Receipt Log # 3-3	Completed By (initials/date) WC 5-10-12
Project Chemist	

COC ID # 332825E				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5 / 23	4	13	3	6	15					
Tag Color	Lt. Blue	Blue	Brown	Green	Red	Red Stripe					
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	None	HNO ₃	HNO ₃					
Expected pH	>12	<2	<2	6-8	<2	<2					
COC Line #1		✓		✓	✓	✓					
COC Line #2											
COC Line #3											
COC Line #4											
COC Line #5											
COC Line #6											
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											

Ph Strip Lot #
<input checked="" type="checkbox"/> HC133115
<input type="checkbox"/>

Aqueous Samples: For each sample and container type, check the box if pH is acceptable. If pH is not acceptable for any sample container, record pH in box, and note on Sample Receiving Checklist and on Sample Receiving Non-Conformance Form. If approved by Project Chemist, add acid or base to the sample to achieve the correct pH. Add up to, but do not exceed 2x the volume initially added at container prep (see table below for initial volumes used). Add orange pH tag to sample container and record information requested. Record adjusted pH on this form. Do not adjust pH for container types 3, 6, and 15.

Comments

COC ID # 3328250				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5	4	13	3	6	15					
Tag Color	Lt. Blue	Blue	Brown	Green	Red	Red Stripe					
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	None	HNO ₃	HNO ₃					
Expected pH	>12	<2	<2	~7	<2	<2					
COC Line #1		✓		✓	✓	✓					
COC Line #2											
COC Line #3											
COC Line #4											
COC Line #5											
COC Line #6											
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											

Container Size (mL)	Original Vol. of Preservative (mL)
Container Type 5	NaOH
500	2.5
1000	5.0
Container Type 4	H ₂ SO ₄
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13	H ₂ SO ₄
500	2.5

Comments

ORIGIN ID: GRRR (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE

SHIP DATE: 14MAR12
ACTWGT: 20.0 LB MAN
CAD: 564091/CAFE2511

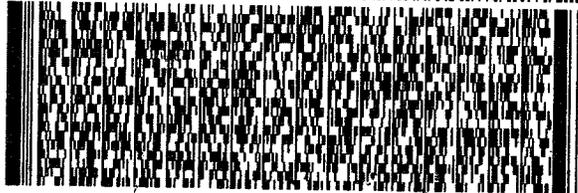
ALBUQUERQUE, NM 871094127
UNITED STATES US

BILL SENDER

TO **SAMPLE MANAGEMENT GROUP**
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503
(616) 975-4500
REF: LMH KNM

580C1/81D5/188C



FedEx
Express



FedEx
TRK# 0221 4953 7700 2301

THU - 10 MAY A1
STANDARD OVERNIGHT

XX GRRR

MI-US

CUSTOMER SEAL

SIGNATURE

12
John Selvi

QEC

Quality Environmental Contain
800-255-3950 • 304-255-3900

CUSTOMER SEAL

SIGNATURE

5-9-12
John Selvi

Quality Environmental Contain
800-255-3950 • 304-255-3900

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client Tech Low	Work Order #: 1205358
Receipt Record Page/Line # 17-10	Project Chemist / Sample #

Recorded by (initials/date) WC 5-18-12	Cooler <input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 1	Thermometer Used <input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (# _____) <input type="checkbox"/> See Additional Cooler Information Form
--	--	--------------------------	--

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
Im 0939	1332							
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Location: <input checked="" type="checkbox"/> Dispersed / Top / Middle / Bottom		Coolant Location: <input type="checkbox"/> Dispersed / Top / Middle / Bottom		Coolant Location: <input type="checkbox"/> Dispersed / Top / Middle / Bottom		Coolant Location: <input type="checkbox"/> Dispersed / Top / Middle / Bottom		
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		
Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C
Temp Blank: -		3.0	Temp Blank:			Temp Blank:		
TB location: <input checked="" type="checkbox"/> Representative / <input type="checkbox"/> Not Representative			TB location: <input type="checkbox"/> Representative / <input type="checkbox"/> Not Representative			TB location: <input type="checkbox"/> Representative / <input type="checkbox"/> Not Representative		
1	3.8	3.8	1			1		
2	4.4	4.4	2			2		
3	3.1	3.1	3			3		
Average °C 3.8			Average °C			Average °C		
<input type="checkbox"/> Cooler ID on COC?			<input type="checkbox"/> Cooler ID on COC?			<input type="checkbox"/> Cooler ID on COC?		
<input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ <input checked="" type="checkbox"/> <input type="checkbox"/> Received for Lab Signed/Date/Time? <input checked="" type="checkbox"/> <input type="checkbox"/> Shipping document? <input checked="" type="checkbox"/> <input type="checkbox"/> Other _____	Check Sample Preservation N/A Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Average sample temperature ≤ 6° C? <input checked="" type="checkbox"/> <input type="checkbox"/> Was thermal preservation required? If "No", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? <input checked="" type="checkbox"/> <input type="checkbox"/> Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input type="checkbox"/> <input type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄
COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers:	

Check COC for Accuracy Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Sample Date and Time matches COC? <input type="checkbox"/> <input type="checkbox"/> Container type completed on COC? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> All container types indicated are received?	Check for Short Hold-Time Prep/Analyses <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input checked="" type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1L ambers (SV Prep-Lab)
---	---

AFTER HOURS ONLY:
 COPIES OF COC TO LAB AREA(S)
 NONE RECEIVED
 RECEIVED, COCs TO LAB(S)

Sample Condition Summary N/A Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Broken containers/lids? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Missing or incomplete labels? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Illegible information on labels? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Low volume received? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received?	Notes <input type="checkbox"/> Trip Blank received <input type="checkbox"/> Trip Blank not listed on COC Cooler Received (Date/Time) Paperwork Delivered (Date/Time) ≤ 1 Hour Goal Met?
--	--

Client <i>Tech Low</i>	Work Order # <i>1205358</i>
Receipt Log # <i>17-16</i>	Completed By (initials/date) <i>UC 5-18-12</i>
Project Chemist	

COC ID # <i>140546</i>				Adjusted by: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
				Date: _____							
Container Type	5 / 23	4	13	3	6	15					
Tag Color	Lt. Blue	Blue	Brown	Green	Red	Red Stripe					
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	None	HNO ₃	HNO ₃					
Expected pH	>12	<2	<2	6-8	<2	<2					
COC Line #1		✓		✓	✓	✓					
COC Line #2											
COC Line #3											
COC Line #4											
COC Line #5											
COC Line #6											
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											
Comments											

Ph Strip Lot #
<input checked="" type="checkbox"/> HC133115
<input type="checkbox"/>

Aqueous Samples: For each sample and container type, check the box if pH is acceptable. If pH is not acceptable for any sample container, record pH in box, and note on Sample Receiving Checklist and on Sample Receiving Non-Conformance Form. If approved by Project Chemist, add acid or base to the sample to achieve the correct pH. Add up to, but do not exceed 2x the volume initially added at container prep (see table below for initial volumes used). Add orange pH tag to sample container and record information requested. Record adjusted pH on this form. Do not adjust pH for container types 3, 6, and 15.

COC ID #				Adjusted by: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
				Date: _____							
Container Type	5	4	13	3	6	15					
Tag Color	Lt. Blue	Blue	Brown	Green	Red	Red Stripe					
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	None	HNO ₃	HNO ₃					
Expected pH	>12	<2	<2	~7	<2	<2					
COC Line #1											
COC Line #2											
COC Line #3											
COC Line #4											
COC Line #5											
COC Line #6											
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											
Comments											

Container Size (mL)	Original Vol. of Preservative (mL)
Container Type 5	NaOH
500	2.5
1000	5.0
Container Type 4	H ₂ SO ₄
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13	H ₂ SO ₄
500	2.5

ORIGIN ID: GRRR (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE

ALBUQUERQUE, NM 871094127
UNITED STATES US

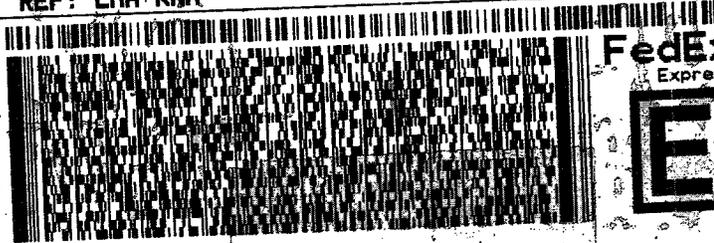
SHIP DATE: 14MAR12
ACTWGT: 20.0 LB MAN
CAD: 5640911/CAFE2511

BILL SENDER

TO **SAMPLE MANAGEMENT GROUP**
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500
REF: CMH KMH



FedEx

TRK#
0221

4953 7700 2231

FRI - 18 MAY A3
STANDARD OVERNIGHT

XX GRRR

49512
MI-US GRR

CUSTOMER SEAL

DATE

SIGNATURE

5-17-12
B. M. Sullivan



QEC

Quality Environmental Containers
800-255-3950 • 304-255-3900

1250/1250/5100/5100/0278



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Chain of Custody Record

COC No. 333

For Lab Use Only
Cart 9
Phone (616) 975-4500 Fax (616) 942-7463
www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

VOA Rack/Tray: 511,514 Red
 Receipt Log No.: 87-1
 Project Chemist: Lisa Harvey
 Work Order No.: 1205374

Client Name: TechLaw Inc.
 Address: 205 W. Wacker Drive, Suite 1622
 City, State Zip: Chicago, IL 60606
 Phone/Cell: 312.345.8930, 217.721.5483
 Email: kmwhitlock@techlawinc.com

Project Name: KNM
 Client Project No. / P.O. No.:
 Invoice To: Client
 Other (comments)

Contact/Report To: Kim Whitlock

Container Type (corresponds to Container Packing List)	Number of Containers Submitted
A	0
D	1
A	2
A	3
C	4
B	6
F	9
D	12
B	15

Schedule	Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	Container Type	Number of Containers Submitted	Total
W		1	106 RCT A	0323	5-18-12	9:30	W	3	3
W		2	106 RCT B				W	5	5
W		3	106 RCT C				W	2	2
W		4	106 RCT D				W	1	1
W		5	106 RCT E				W	1	1
W		6	106 RCT F				W	1	1
W		7	106 RCT G				W	1	1
W		8	106 RCT H				W	2	2
W		9	106 RCT I				W	1	1
W		10					W	1	1

Sampled By (print): Brian Salem
 Sampler's Signature: *Brian Salem*
 How Shipped? Tracking No.:
 Hand Carrier:
 Comments: AMD, Std 10-BD, 15-DVP.

1. Relinquished By: *Brian Salem* Date: 5-18-12 Time: 15:30
 2. Received By:
 3. Relinquished By:
 3. Received For Lab By: *the sample starts c* Date: Time:

ORIGINAL - LABORATORY

COPY - FIELD/SAMPLER

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client <i>Tech Law</i>	Work Order #: <i>1205374</i>
Receipt Record Page/Line # <i>21-1</i>	Project Chemist / Sample #

Recorded by (initials/date) <i>LR 5/21/12</i>	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received <i>1</i>	<input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (# _____)	<input type="checkbox"/> Thermometer Used <input type="checkbox"/> See Additional Cooler Information Form
--	--	--------------------------	---	--

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
<i>0323</i>	<i>0836</i>							
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Location: <input checked="" type="checkbox"/> Dispersed / <input type="checkbox"/> Top / <input type="checkbox"/> Middle / <input type="checkbox"/> Bottom		Coolant Location: <input type="checkbox"/> Dispersed / <input type="checkbox"/> Top / <input type="checkbox"/> Middle / <input type="checkbox"/> Bottom		Coolant Location: <input type="checkbox"/> Dispersed / <input type="checkbox"/> Top / <input type="checkbox"/> Middle / <input type="checkbox"/> Bottom		Coolant Location: <input type="checkbox"/> Dispersed / <input type="checkbox"/> Top / <input type="checkbox"/> Middle / <input type="checkbox"/> Bottom		
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		
Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C
Temp Blank: <i>-</i>		<i>5.3</i>	Temp Blank:			Temp Blank:		
TB location: <input checked="" type="checkbox"/> Representative / <input type="checkbox"/> Not Representative			TB location: <input type="checkbox"/> Representative / <input type="checkbox"/> Not Representative			TB location: <input type="checkbox"/> Representative / <input type="checkbox"/> Not Representative		
1	<i>5.0</i>	<i>-</i>	1			1		
2	<i>5.4</i>	<i>-</i>	2			2		
3	<i>5.9</i>	<i>-</i>	3			3		
Average °C			Average °C			Average °C		
<input checked="" type="checkbox"/> Cooler ID on COC? <i>5.4</i>			<input type="checkbox"/> Cooler ID on COC?			<input type="checkbox"/> Cooler ID on COC?		
<input checked="" type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received

Yes No Chain of Custody record(s)? If No, Initiated By _____

Received for Lab Signed/Date/Time?

Shipping document?

Other _____

COC Information

TriMatrix COC Other _____

COC ID Numbers: *3328250*

Check COC for Accuracy

Yes No Analysis Requested?

Sample ID matches COC?

Sample Date and Time matches COC?

Container type completed on COC?

All container types indicated are received?

Sample Condition Summary

N/A Yes No

Broken containers/lids?

Missing or incomplete labels?

Illegible information on labels?

Low volume received?

Check Sample Preservation

N/A Yes No

Average sample temperature ≤6° C?

Was thermal preservation required?

If "No", Project Chemist Approval Initials: _____

If "Yes" Completed Non Con Cooler - Cont Inventory Form?

Completed Sample Preservation Verification Form?

Samples chemically preserved correctly?

If "No", added orange tag?

Received pre-preserved VOC soils?

MeOH Na₂SO₄

Check for Short Hold-Time Prep/Analyses

Bacteriological

Air Bags

EnCores / Methanol Pre-Preserved

Formaldehyde/Aldehyde

Green-tagged containers

Yellow/White-tagged 1L ambers (SV Prep-Lab)

AFTER HOURS ONLY:

COPIES OF COC TO LAB AREA(S)

NONE RECEIVED

RECEIVED, COCs TO LAB(S)

Notes

Trip Blank received Trip Blank not listed on COC

Client	Work Order # 1205374
Receipt Log #	Completed By (initials/date)
Project Chemist	

COC ID #				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5 / 23	4	13		3	6	15				
Tag Color	Lt. Blue	Blue	Brown		Green	Red	Red Stripe				
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄		None	HNO ₃	HNO ₃				
Expected pH	>12	<2	<2		6-8	<2	<2				
COC Line #1											
COC Line #2											
COC Line #3											
COC Line #4					✓						
COC Line #5		✓									
COC Line #6						✓					
COC Line #7											
COC Line #8											
COC Line #9							✓				
COC Line #10											

Ph Strip Lot #
<input checked="" type="checkbox"/> HC133115
<input type="checkbox"/>

Aqueous Samples: For each sample and container type, check the box if pH is acceptable. If pH is not acceptable for any sample container, record pH in box, and note on Sample Receiving Checklist and on Sample Receiving Non-Conformance Form. If approved by Project Chemist, add acid or base to the sample to achieve the correct pH. Add up to, but do not exceed 2x the volume initially added at container prep (see table below for initial volumes used). Add orange pH tag to sample container and record information requested. Record adjusted pH on this form. Do not adjust pH for container types 3, 6, and 15.

Comments

COC ID #				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5	4	13		3	6	15				
Tag Color	Lt. Blue	Blue	Brown		Green	Red	Red Stripe				
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄		None	HNO ₃	HNO ₃				
Expected pH	>12	<2	<2		~7	<2	<2				
COC Line #1											
COC Line #2											
COC Line #3											
COC Line #4											
COC Line #5											
COC Line #6											
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											

Container Size (mL)	Original Vol. of Preservative (mL)
Container Type 5	NaOH
500	2.5
1000	5.0
Container Type 4	H ₂ SO ₄
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13	H ₂ SO ₄
500	2.5

Comments

SIGNATURE

DATE

Handwritten signature
5-18-12

QEC
Quality Environmental Containers
800-255-3950 • 304-255-3900

ORIGIN ID: GRRA (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT
5500 SAN ANTONIO DR NE

SHIP DATE: 14MAR12
ACTWT: 20.0 LB WLN
CAD: 554091/CAFE2511

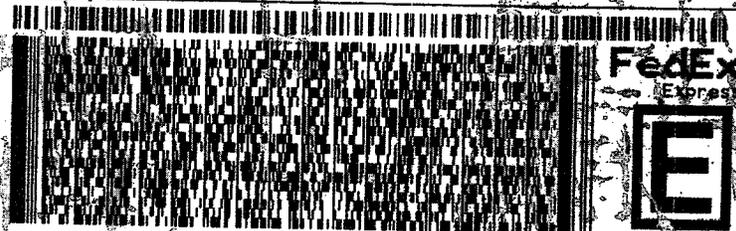
ALB QUERQUE, NM 871094127
UNITED STATES US

BILL SENDER

TO: **SAMPLE MANAGEMENT GROUP**
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-2500
REF: LMW KNM



FedEx
TRK# 0221 4953 7700 2220

MON - 21 MAY A
STANDARD OVERNIGHT

XX GRRA

49512
MI-US GRR

500C1/8105/108C