



2445 N. Coyote Drive, Suite 104
Tucson, Arizona 85745
(520) 882-5880
Fax: (520) 882-9788
www.turnerlabs.com

CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

TURNER WORK ORDER # _____ DATE _____ PAGE _____ OF _____

<p>PROJECT NAME _____ # _____</p> <p>CONTACT NAME _____</p> <p>COMPANY NAME _____</p> <p>ADDRESS _____ PHONE _____ FAX _____</p> <p>SAMPLER'S SIGNATURE _____</p>	<p>NUMBER OF CONTAINERS</p> <p>Base Neutrals <input type="checkbox"/> 625/8270</p> <p>Volatile Organics <input type="checkbox"/> 624/524.2/8260</p> <p>THMS <input type="checkbox"/></p> <p>HAAS <input type="checkbox"/></p> <p>Pesticides <input type="checkbox"/> 8081</p> <p>PCBs <input type="checkbox"/> 8082</p> <p>NO₂ <input type="checkbox"/> NO₃ <input type="checkbox"/> TKN <input type="checkbox"/></p> <p>Oil and Grease <input type="checkbox"/> Cray. 1664A</p> <p>VOA <input type="checkbox"/> Seml-VOA <input type="checkbox"/> Pest. <input type="checkbox"/></p> <p>TCP Analysis <input type="checkbox"/></p> <p>Metals <input type="checkbox"/> Total <input type="checkbox"/> RCR8 <input type="checkbox"/></p> <p>Cyanide <input type="checkbox"/> Amen. <input type="checkbox"/> WAD <input type="checkbox"/></p> <p>SDWA/ORGANICS <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/></p> <p>MPN <input type="checkbox"/> Coliform <input type="checkbox"/></p> <p>pH <input type="checkbox"/> C₂ <input type="checkbox"/> C₁ <input type="checkbox"/> Collett <input type="checkbox"/></p> <p>TSS <input type="checkbox"/> COD <input type="checkbox"/></p> <p>BOD <input type="checkbox"/></p>	<p>1. RELINQUISHED BY:</p> <p>Signature _____</p> <p>Printed Name _____</p> <p>Firm _____</p> <p>Date/Time _____</p>	<p>2. RECEIVED BY:</p> <p>Signature _____</p> <p>Printed Name _____</p> <p>Firm _____</p> <p>Date/Time _____</p>	<p>3. RELINQUISHED BY:</p> <p>Signature _____</p> <p>Printed Name _____</p> <p>Firm _____</p> <p>Date/Time _____</p>	<p>4. RECEIVED BY:</p> <p>Signature _____</p> <p>Printed Name _____</p> <p>Firm TURNER LABORATORIES, INC.</p> <p>Date/Time _____</p>	<p>TURNAROUND REQUIREMENTS:</p> <p><input type="checkbox"/> Standard (approx. 10 days)*</p> <p><input type="checkbox"/> Next Day _____ 2 Day _____ 5 Day*</p> <p><input type="checkbox"/> Email Preliminary Results To: _____</p> <p>* Working Days</p>	<p>REPORT REQUIREMENTS:</p> <p><input type="checkbox"/> I. Routine Report</p> <p><input type="checkbox"/> II. Report (includes DUP, MS, MSD, as required, may be charged as samples)</p> <p><input type="checkbox"/> III. Date Validation Report (Includes All Raw Data) Add 10% to invoice</p>	<p>INVOICE INFORMATION:</p> <p>Account _____ Y _____ N</p> <p>P.O. # _____</p> <p>Bill to: _____</p> <p>Temperature _____</p> <p>Wet Ice <input type="checkbox"/> Blue Ice <input type="checkbox"/></p>	<p>SPECIAL INSTRUCTIONS/COMMENTS:</p> <p>* LEGEND</p> <p>DW = DRINKING WATER GW = GROUNDWATER SD = SOLID SG = SLUDGE SL = SOIL ST = STORMWATER WW = WASTEWATER</p>	<p>SAMPLE RECEIPT:</p> <p>Preservation Confirmation <input type="checkbox"/></p> <p>Appropriate Head Space <input type="checkbox"/></p> <p>Received Within Hold Time <input type="checkbox"/></p> <p>Custody Seals <input type="checkbox"/></p> <p>Container Intact <input type="checkbox"/></p> <p>COC / Labels Agree <input type="checkbox"/></p> <p>Compliance Analysis: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ADEQ Forms: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Mail ADEQ Forms: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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