

APPENDIX I. CHAIN-OF-CUSTODY FORMS

3 of 3

CHAIN-OF-CUSTODY/TEST REQUEST FORM

S.O, G.O

Nº 2224

Project/Client Name: T-117
 Project Number: 03-08-12-03
 Contact Name: Janna Flower
 Sampled By: DGLT JMF

Ship to: ARI
 Attn: Sue Dunnington
 Shipping Date: _____
 Shipper: _____
 Airbill Number: _____
 Form filled out by: DGLT JMF
 Turnaround requested: 3wk

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
					PCB	TOC/TSS					
6/8/05	1115	T117-PS1A-01	2	SOIL	X	X					PCB analysis takes priority on limited volume samples
	1116	T117-PS1A-02	2		X	X					
	1130	T117-PS2A-01	2		X	X					
	1131	T117-PS2A-02	2		X	X					
	1132	T117-PS2A-03	2		X	X					
		DGLT T-117 DUAL-1	1 tot.		X	X					
		T117 DUAL-2	2		X	X					Zoppo PL on PCB
	0920	T117-PD4-RB	3-500ml	WATER	X	X					
	1120	T117-PS1A-RB	3-500ml		X	X					
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: Print name: <u>DG Cooper</u> Signature: <u>[Signature]</u> Company: <u>DOF</u> Date/Time: <u>6/8/05 1230</u>	1) Rec'd by: <u>[Signature]</u> Company: <u>ARI</u> Date/Time: <u>6/8/05 1230</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____
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* Distribution: White copies accompany shipment; yellow retained by consignor.



200 West Mercer Street
 Suite 401
 Seattle, WA 98119
 Tel: (206) 378-1364
 Fax: (206) 217-9343

To be completed by Laboratory upon sample receipt:

Date of receipt::	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: PORT OF SEATTLE T117
 Project Number: 03.08.12.03
 Contact Name: JOANNA FLORES
 Sampled By: JF, DC, FS, WB

Ship to: ARI
 Attn: SUE DINNITTO
 Shipping Date: 6.6.05
 Shipper: _____
 Airbill Number: _____
 Form filled out by: ANGELITA RODRIGUEZ Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)				Comments / Instructions [Jar tag number(s)]
					TOTAL PCBs	TOC	TOTAL SOLIDS	GRAIN SIZE	
6.6.05	0930	T117-SB18-01	1	2012 2011 ↓	X	X	X		
	0925	T117-SB18-02	3		X	X	X	X	Prioritize PCBs analysis for limited volume samples
	0940	T117-SB18-03	2		X	X	X		
	0945	T117-SB18-04	1		X	X	X		
	0950	T117-SB18-05	1		X	X	X		HOLD ALL ZIP-LOC BAGS
	1000	T117-SB18-06	2		X	X	X		GRAIN SIZE SAMPLES NOT ANALYZED FOR ARCHIVE
	1005	T117-SB18-07	2		X	X	X		
	1145	T117-SB17-01	2		X	X	X		
	1150	T117-SB17-02	2		X	X	X		Record PCB
	1155	T117-SB17-03	2		X	X	X		
	1200	T117-SB17-04	2		X	X	X		
	1205	T117-SB17-05	3		X	X	X	X	
Total Number of Containers				Purchase Order / Statement of Work #					

1) Released by: Print name: <u>DG COOPER</u> Signature: <u>[Signature]</u> Company: <u>DC</u> Date/Time: <u>6/6/05 1530</u>	1) Rec'd by: <u>Michelle D's Jordan</u> Company: <u>ARI</u> Date/Time: <u>6/6/05 15:30</u>	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Print name: Signature: Company: Date/Time:
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Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

S.O. 6.0

No 2221

Project/Client Name: T-117 DUPLICATE OF PMI to ARI
 Project Number: 03-08-12-03 DUPL-1 @ 0917 Ship to: Sue Dunning Shipping Date: _____
 Contact Name: Joanna Flaver Shipper: _____ Airbill Number: 304
 Sampled By: DGC & JMF Form filled out by: DGC & JMF Turnaround requested: 3 wk

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
					PCB	ToxTS					
6/8/05	0905	T117-P25-01	1	soil	X	X					PCB analysis takes priority on limited volume samples 20ppb RL on PCB
	0906	T117-P25-02	1		X	X					
	0907	T117-P25-03	2		X	X					
	1040	T117-P26-01	1		X	X					
	1041	T117-P26-02	1		X	X					
	1042	T117-P26-03	1		X	X					
	0815	T117-P27-01	2		X	X					
	0816	T117-P27-02	2		X	X					
	0817	T117-P27-03	2		X	X					
	0840	T117-P28-01	2		X	X					
	0841	T117-P28-02	1		X	X					
	0842	T117-P28-03	1		X	X					
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>Bob Cooper</u>	1) Rec'd by: <u>Bob Cooper</u>	2) Released by:	2) Rec'd by:
Print name: <u>Bob Cooper</u>	Company: <u>ARI</u>	Print name:	Company:
Signature: <u>[Signature]</u>	Date/Time: <u>6/8/05 1230</u>	Signature:	Date/Time:
Company: <u>DOF</u>		Company:	

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

5.0, 6.0

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CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2220

Project/Client Name: T-117
 Project Number: 03-08-12-03
 Contact Name: Joanna Floyer
 Sampled By: DGE, JMF

Ship to: ARI
 Attn: Sue Dunnahoo
 Shipping Date: _____
 Shipper: _____
 Airbill Number: _____
 Form filled out by: DGC + JMF
 Turnaround requested: 3 3 3wk

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
					PCB	TOC/TS					
6/8/05	0930	T117-PA1-01	2	SOIL	X	X					PCB ANALYSIS TRKJ
	0931	T117-PA1-02	1		X	X					PRIORITY ON SAMPLES
	0932	T117-PA1-03	2		X	X					WITH LIMITED VOLUME
	1001	T117-PD2-01	2		X	X					
	1002	T117-PD2-02	1		X	X					20ppb RL on PCB
	1003	T117-PD2-03	1		X	X					
	1030	T117-PD3-01	2		X	X					
	1031	T117-PD3-02	2		X	X					
	1032	T117-PD3-03	2		X	X					
	0910	T117-PD4-01	1		X	X					
	0911	T117-PD4-02	2		X	X					
	0912	T117-PD4-03	2		X	X					
Total Number of Containers				Purchase Order / Statement of Work #							

1) Released by: <u>D. Cooper</u>		1) Rec'd by: <u>Bob. Craig</u>		2) Released by:		2) Rec'd by:	
Print name: <u>D. Cooper</u>		Company: <u>ARI</u>		Print name:		Company:	
Signature: <u>[Signature]</u>		Date/Time: <u>6/8/05 1230</u>		Signature:		Date/Time:	
Company: <u>DGF</u>				Company:			
Date/Time: <u>6/8/05 1230</u>				Date/Time:			

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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: Port of Seattle T117
 Project Number: 03.08.12.63
 Contact Name: Joanna Flores
 Sampled By: JF, DC, FS, WH

Ship to: _____
 Attn: Sue Dannahoo Shipping Date: 6.6.05
 Shipper: _____ Airbill Number: _____
 Form filled out by: Angelita Rodriguez Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)				Comments / Instructions (Jar tag number(s))
					TOTAL PCB's	TOC	TOTAL SOLIDS	GRAIN SIZE	
6.6.05	1210	T117-SB17-06	3	SEDIMENT	X	X	X	X	Prioritize PCB's analysis for limited volume
	1215	T117-SB17-07	2		X	X	X		
	1220	T117-SB17-08	3		X	X	X	X	
	1225	T117-SB17-09	3		X	X	X		Hold all zip-loc bag grain size samples not analyzed for archive
	1320	T117-SB16-01	2		X	X	X		
	1325	T117-SB16-02	2		X	X	X		
	1330	T117-SB16-03	3		X	X	X	X	
	1335	T117-SB16-04	2		X	X	X		
	1340	T117-SB16-05	2		X	X	X		
	1345	T117-SB16-06	3		X	X	X	X	
	1350	T117-SB16-07	2		X	X	X	X	
	1400	T117-SB16-08	2		X	X	X		

Total Number of Containers: _____ Purchase Order / Statement of Work # _____

1) Released by: <u>[Signature]</u> Print name: _____ Signature: _____ Company: <u>DSF</u> Date/Time: <u>6/6/05 1530</u>	1) Rec'd by: <u>Michelle DesJardin</u> Company: <u>ARI</u> Date/Time: <u>6/6/05 1530</u>	2) Released by: _____ Print name: _____ Signature: _____ Company: _____ Date/Time: _____	2) Rec'd by: _____ Company: _____ Date/Time: _____
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To be completed by Laboratory upon sample receipt:

Date of receipt: _____	Laboratory W.O. #: _____
Condition upon receipt: _____	Time of receipt: _____
Cooler temperature: _____	Received by: _____

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: Port of Seattle T117
 Project Number: 03.08.12.03
 Contact Name: Joanna Flover
 Sampled By: JF, DC, FS, WH

Ship to: _____
 Attn: Sue Dennihoo Shipping Date: 6.6.05
 Shipper: _____ Airbill Number: _____
 Form filled out by: Angelita Rodriguez Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)								Comments / Instructions (for tag number(s))	
					PCBs	TOC	THP	SOLIDS	PAHs	MSM	SIZE			
6/6/05	1420	T117-SB15-01	2	SOIL	X	X	X							Priority PCB's analysis for limited volume. Hold all zip-lock bag grain size samples not analyzed for archive
	1425	T117-SB15-02	2	↓	X	X	X							
	1430	T117-SB15-03	2		X	X	X							
	1435	T117-SB15-04	2		X	X	X	X						
	1440	T117-SB15-05	2		X	X	X							
	1445	T117-SB15-06	3		X	X	X	X						
	1450	T117-SB15-07	2		X	X	X							
	1455	T117-SB15-08	2		X	X	X	X						
Total Number of Containers					Purchase Order / Statement of Work #									
1) Released by: <u>[Signature]</u>		1) Rec'd by: <u>Michelle D'Stardin</u>			2) Released by:				2) Rec'd by:					
Print name: <u>[Signature]</u>		Company: <u>AKI</u>			Print name:				Company: <u>3</u>					
Signature: <u>[Signature]</u>		Date/Time: <u>6/6/05 1530</u>			Signature:				Date/Time:					
Company: <u>[Signature]</u>		Date/Time: <u>6/6/05 1530</u>			Company:				Date/Time:					
Date/Time: <u>6/6/05 1530</u>		Date/Time: <u>6/6/05 1530</u>			Date/Time:				Date/Time:					

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Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature:	Received by:

1 of 1

CHAIN-OF-CUSTODY/TEST REQUEST FORM

No 2239

Project/Client Name: T-117
 Project Number: T-117 : 03-08-12-03
 Contact Name: Joanna Florer
 Sampled By: W. Hansen, JMF, TWD

Ship to: ARI
 Attn: Sue Dunnahoo
 Shipper: hand
 Form filled out by: JMF
 Shipping Date: 6/20/05
 Airbill Number: NA
 Turnaround requested: 3-4 wk

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
					PCBs	TSS	TOC				
6/20/05	0458	T117-MW-7	4	H ₂ O	X	X	X				
	0533	T117-MW-8	4		X	X	X				
	0636	T117-MW-6	4		X	X	X				
6/20/05	0713	T117-MW-5	4 ²	H ₂ O	X	X	X				
Total Number of Containers			16	Purchase Order / Statement of Work #							

1) Released by: Print name: <u>Joanna Florer</u> Signature: <u>J. Florer</u> Company: <u>Windward</u> Date/Time: <u>6/20/05 0820</u>	1) Rec'd by: <u>Brian Nease</u> Company: <u>BRIAN NEASE ARI</u> Date/Time: <u>6/20/05 0820</u>	2) Released by: Print name: Signature: Company: Date/Time:	2) Rec'd by: Company: Date/Time:
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To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt:
Cooler temperature: <u>5.5</u>	Received by: <u>[Signature]</u>

