

Page _____ of _____
 Project #:
 GEL Quote #:
 COC Number (1):
 PO Number:

GEL Chain of Custody and Analytical Request

See www.gel.com for GEL's Sample Acceptance SOP

GEL Work Order Number:

GEL Laboratories, I.I.C
 2040 Savage Road
 Charleston, SC 29407
 Phone: (843) 556-8171
 Fax: (843) 766-1178

Client Name:		Phone #:		Sample Analysis Requested (6) (Fill in the number of containers for each test)															
Project/Site Name:		Fax #:		Should this sample be considered:	Radiation	TSC A Regulated	Her of							--- Preservative Type (6)					
Address:																			
Collected by:		Send Results To:		Comments Note: extra sample is required for sample specific QC															
Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (6)	Field Filtered (Y)	Sample Matrix (6)														
<i>* For composites - indicate start and stop date/time</i>																			
41.B.R.1.1																			
41.B.R.1.2																			
41.B.R.1.3																			
41.B.R.1.4																			
41.C.R.1.1																			
41.C.R.1.2																			
41.C.R.1.3																			
41.C.R.1.4																			

TAT Requested: Normal: Rush: Specify: (Subject to Surcharge) Fax Results: Yes / No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

Sample Collection Time Zone
 Eastern Pacific
 Central Other _____
 Mountain

Chain of Custody Signatures				Sample Shipping and Delivery Details			
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time		
1			1			GEL PM:	
2			2			Method of Shipment: Date Shipped:	
3			3			Airbill #:	

- 1) Chain of Custody Number - Client Determined
- 2) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
- 3) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
- 4) Matrix Codes: DW=Drinking Water, GW=Groundwater, SW=Surface Water, WW=Waste Water, W=Water, ML=Misc Liquid, SO=Soil, SD=Sediment, SL=Sludge, SS=Solid Waste, O=Oil, F=Filter, P=Wipe, U=Urine, F=Fecal, N=N
- 5) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 8210B/7470A) and number of containers provided for each (i.e. 8260B - 3, 8010B/7470A - 1)
- 6) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate, If no preservative is added - leave field blank

For Lab Receiving Use Only

Custody Seal Intact?
 YES NO

Cooler Temp:
 C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

Page _____ of _____
 Project #:
 GEL Quote #:
 COC Number (6):
 PO Number:

GEL Chain of Custody and Analytical Request

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GEL Laboratories, LLC
 2040 Savage Road
 Charleston, SC 29407
 Phone: (843) 556-8171
 Fax: (843) 766-1178

GEL Work Order Number:

Client Name: _____ Phone #: _____
 Project/Site Name: _____ Fax #: _____

Sample Analysis Requested (5) (Fill in the number of containers for each test)

Address: _____
 Collected by: _____ Send Results To: _____

Should this sample be considered

--- Preservative Type (6)

Comments
 Note: extra sample is required for sample specific QC

Sample ID <small>* For Leaky-pipes - indicate start and stop date/time</small>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hh:mm)	QC Code (7)	Field Filtered (Y)	Sample Matrix (9)	Radiactive	TSC A Regulated	ber of	ber of	ber of	ber of	ber of	ber of	ber of	ber of	ber of
4.1.C.R.21																
4.1.C.R.22																
4.1.C.R.23																
4.1.C.R.24																
4.1.C.R.25																

TAT Requested: Normal / Rush: / Specify: (Subject to Surcharge) / Fax Results: Yes / No / Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

Sample Collection Time Zone
 Eastern Pacific
 Central Other _____
 Mountain

Chain of Custody Signatures

Sample Shipping and Delivery Details

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

GEL PM:	
Method of Shipment	Date Shipped
Airbill #	
Airbill #	

- 1.) Chain of Custody Number - Client Determined
- 2.) QC Codes: N = Normal Sample, TB = Trip Blank, FB = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
- 3.) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
- 4.) Matrix Codes: DW = Drinking Water, GW = Groundwater, SW = Surface Water, WW = Waste Water, W = Water, ML = Mine Liquid, SO = Soil, SD = Sediment, SL = Sludge, SS = Solid Waste, O = Oil, F = Feces, P = Wipe, U = Urine, F = Fecal, N = N/A
- 5.) Sample Analysis Requested: Analytical method requested (i.e. #260B, #910B/7470A) and number of containers provided for each (i.e. #260B - 3, #910B/7470A - 1)
- 6.) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate; If no preservative is added - leave field blank

For Lab Receiving Use Only

Custody Seal Intact?
YES / NO
Cooler Temp.
C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

Page _____ of _____
 Project #:
 GEL Quote #:
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 2040 Savage Road
 Charleston, SC 29407
 Phone: (843) 556-8171
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GEL Work Order Number:

Client Name:		Phone #:		Sample Analysis Requested (5) (Fill in the number of containers for each test)														
Project/Site Name:		Fax #:		Should this sample be considered	← Preservative Type (6)													
Address:																		
Collected by:		Send Results To:		Rnd oat ve	TSC A Regu lated	Comments Note: extra sample is required for sample specific QC												
Sample ID		*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)															QC Code (3)
* For composites - indicate start and stop date/time																		
4.1.B.R.3.1		12/8/15																
4.1.B.R.3.2		12/8/15																
4.1.B.R.4.1		12/8/15																
4.1.B.R.4.2		12/8/15																
4.1.B.R.5.1		12/8/15																
4.1.B.R.5.2		12/8/15																
4.1.B.R.6.1		12/8/15																
4.1.B.R.6.2		12/8/15																
4.1.B.R.6.5		12/8/15																

TAT Requested: Normal: Rush: Specify: (Subject to Surcharges) Fax Results Yes / No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

Sample Collection Time Zone
 Eastern Pacific
 Central Other _____
 Mountain

Chain of Custody Signatures						Sample Shipping and Delivery Details	
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time		
1			1			GEL PM:	
						Method of Shipment	Date Shipped:
2			2			Airbill #:	
3			3			Airbill #	

- 1) Chain of Custody Number - Client Determined
- 2) QC Codes: N = Normal Sample, TB = Trip Blank, SD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
- 3) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered
- 4) Matrix Codes: DW = Drinking Water, GW = Groundwater, SW = Surface Water, WW = Waste Water, W = Water, ML = Misc Liquid, SO = Soil, SD = Sediment, SL = Sledge, SS = Solid Waste, O = Oil, F = Filter, P = Pipe, U = Urine, F = Food, N = Nitrate
- 5) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1)
- 6) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate, If no preservative is added = leave field blank

For Lab Receiving Use Only

Custody Seal Intact?
 YES NO

Cooler Temp
 C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

Page _____ of _____
 Project # _____
 GEL Quote # _____
 COC Number (1): _____
 PO Number _____

GEL Chain of Custody and Analytical Request

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GEL Laboratories, LLC
 2040 Savage Road
 Charleston, SC 29407
 Phone: (843) 556-8171
 Fax: (843) 766-1178

GEL Work Order Number: _____

Client Name:		Phone #		Sample Analysis Requested (6) (Fill in the number of containers for each test)												
Project/Site Name		Fax #		Should this sample be considered												Preservative Type (6)
Address:																Comments Note: extra sample is required for sample specific QC
Collected by:		Send Results To:														
Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hhmm)	QC Code (1)	Field Filtered (2)	Sample Matrix (3)	Radiation (4)	TSC A Regulated (5)	ber of								
<i>* For composites - indicate start and stop date/time</i>																
4.1.A.R.1.1	12/9/15															
4.1.A.R.1.2	12/9/15															
4.1.B.R.7.1	12/9/15															
4.1.B.R.7.2	12/9/15															
4.1.B.R.8.1	12/9/15															
4.1.B.R.8.2	12/9/15															
4.1.B.R.8.5	12/9/15															
4.1.C.R.7.1	12/9/15															
4.1.C.R.7.2	12/9/15															

TAT Requested: Normal: _____ Rush: _____ Specify: _____ (Subject to Surcharge) Fax Results: Yes / No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards _____
 Sample Collection Time Zone: Eastern Pacific, Central Other _____, Mountain _____

Chain of Custody Signatures				Sample Shipping and Delivery Details			
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time		
1			1			GEL PM:	
						Method of Shipment:	Date Shipped
2			2			Airbill #:	
3			3			Airbill #:	

1) Chain of Custody Number - Client Determined
 2) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, BB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
 3) Field Filtered: For liquid matrices, indicate with a Y for yes the sample was field filtered or N for sample was not field filtered
 4) Matrix Codes: DW = Drinking Water, GW = Groundwater, SW = Surface Water, WW = Waste Water, W = Water, ML = Misc Liquid, SO = Soil, SD = Sediment, SL = Sludge, SS = Solid Waste, O = Oil, F = Filter, P = Wipe, U = Urine, F = Fecal, N = N/A
 5) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1)
 6) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate. If no preservative is added - leave field blank

For Lab Receiving Use Only

Custody Seal Intact?
 YES NO
 Cooler Temp:
 C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

Page: _____ of _____
 Project #:
 GEL Quote #:
 COC Number (1):
 PO Number:

GEL Chain of Custody and Analytical Request

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GEL Work Order Number:

GEL Laboratories, LLC
 2040 Savage Road
 Charleston, SC 29407
 Phone: (843) 556-8171
 Fax: (843) 766-1178

Client Name:		Phone #:		Sample Analysis Requested (6) (Fill in the number of containers for each test)													
Project/Site Name:		Fax #:		Should this sample be considered												← Preservative Type (6)	
Address:		Send Results To:														Comments Note: extra sample is required for sample specific QC	
Collected by:				Radi- active	TSC A Regu- lated	bor of											
Sample ID <small>* For composites - indicate start and stop date/time</small>		*Date Collected (mm-dd-yy)	*Time Collected (Military) (hh:mm)				QC Code (2)	Field Filtered (2)	Sample Matrix (2)								
4.IC.R.4.2		12-9-15															
4.IC.R.8.1		12-9-15															
4.IC.R.8.2		12-9-15															
4.IC.R.3.1		12-9-15															
4.IC.R.3.2		12-9-15															
4.IC.R.3.5		12-9-15															
4.IC.R.9.1		12-9-15															
4.IC.R.9.2		12-9-15															
4.IC.R.9.5		12-9-15															
4.IC.R.5.1		12-9-15															

TAT Requested: Normal: Rush: Specify: (Subject to Surcharge) Fax Results: Yes / No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

Sample Collection Time Zone	
Eastern	Pacific
Central	Other
Mountain	

Chain of Custody Signatures						Sample Shipping and Delivery Details			
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time	GEL PM:			
1			1			Method of Shipment:		Date Shipped:	
2			2			Airbill #:			
3			3			Airbill #:			

- 1) Chain of Custody Number = Client Determined
- 2) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
- 3) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered.
- 4) Matrix Codes: DW=Drinking Water, GW=Groundwater, SW=Surface Water, WW=Waste Water, W=Water, ML=Misc Liquid, SO=Soil, SD=Sediment, SL=Sledge, SS=Solid Waste, O=Oil, F=Filter, P=Wipe, U=Urine, F=Fecal, N-N
- 5) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1)
- 6) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, S1 = Sodium Thiosulfate. If no preservative is added = leave field blank

For Lab Receiving Use Only	
Custody Seal Intact?	
YES	NO
Cooler Temp	
C	

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

Page _____ of _____	GEL Chain of Custody and Analytical Request **See www.gel.com for GEL's Sample Acceptance SOP**	GEL Laboratories, LLC 2040 Savage Road Charleston, SC 29407 Phone: (843) 556-8171 Fax: (843) 766-1178
Project #:		GEL Work Order Number:
GEL Quote #:		
COC Number (1):		
PO Number:		

Client Name:	Phone #:	Sample Analysis Requested (5) (Fill in the number of containers for each test)
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Project/Site Name:	Fax #:	Should this sample be considered	← Preservative Type (6)
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Address:		Comments Note: extra sample is required for sample specific QC
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Collected by:	Send Results To:
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Sample ID <i>* For composites - indicate start and stop date/time</i>	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hh:mm)	QC Code (4)	Field Filtered (4)	Sample Matrix (4)	Radi active	TSC A Regulated	per of											
4.IC.2.5.2	12-9-15																		
4.IC.2.6.1	12-9-15																		
4.IC.2.6.2	12-9-15																		
4.IC.2.6.5	12-9-15																		

TAT Requested: Normal: <input type="checkbox"/> Rush: <input type="checkbox"/> Specify: (Subject to Surcharge)	Fax Results: Yes / No	Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4
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Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards	Sample Collection Time Zone Eastern Pacific Central Other Mountain
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Chain of Custody Signatures	Sample Shipping and Delivery Details
-----------------------------	--------------------------------------

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

GEL PM:
Method of Shipment: _____ Date Shipped: _____
Airbill #: _____
Airbill #: _____

1) Chain of Custody Number - Client Determined
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 4) Matrix Codes: DW = Drinking Water, GW = Groundwater, SW = Surface Water, WW = Waste Water, W = Water, ML = Misc Liquid, SO = Soil, SD = Sediment, SL = Sludge, SS = Solid Waste, O = Oil, P = Paper, P = Wipe, U = Urine, F = Fecal, N = N/A
 5) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7473A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7473A - 1)
 6) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexanic, ST = Sodium Thiosulfate. If no preservative is added - leave field blank

For Lab Receiving Use Only	
Custody Seal Intact?	YES NO
Cooler Temp:	C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

Page: _____ of _____
 Project #:
 GEL Quote #:
 COC Number (1):
 PO Number:

GEL Chain of Custody and Analytical Request

See www.gel.com for GEL's Sample Acceptance SOP

GEL Laboratories, LLC
 2040 Savage Road
 Charleston, SC 29407
 Phone: (843) 556-8171
 Fax: (843) 766-1178

GEL Work Order Number: _____

Client Name: _____ Phone #: _____

Sample Analysis Requested (5) (Fill in the number of containers for each test)

Project/Site Name: _____ Fax #: _____

Should this sample be considered _____

Preservative Type (6)

Address: _____

Collected by: _____ Send Results To: _____

Comments
 Note: extra sample is required for sample specific QC

Sample ID <small>* For composites - indicate start and stop date/time</small>	*Date Collected (mm-dd-yy)	*Type Collected (Military) (Minimum)	QC Code (2)	Field Filtered (3)	Sample Matrix (4)	Rndt ocall ve	TSC A Regu lated	Per of
4.10.R.3.1	12-9-15							
4.10.R.3.2	12-9-15							
4.10.R.5.1	12-9-15							
4.10.R.5.2	12-9-15							
4.10.R.6.1	12-9-15							
4.10.R.6.2	12-9-15							
4.10.R.4.1	12-9-15							
4.10.R.4.2	12-9-15							
4.10.R.4.5	12-9-15							
4.10.R.4.1	12-9-15							

TAT Requested: Normal: _____ Rush: _____ Specify: _____ (Subject to Surcharge) Fax Results: Yes / No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

Sample Collection Time Zone
 Eastern Pacific
 Central Other _____
 Mountain

Chain of Custody Signatures

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

Sample Shipping and Delivery Details

GEL PM:	
Method of Shipment:	Date Shipped:
Airbill #:	
Airbill #:	

1.) Chain of Custody Number - Client Determined
 2.) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
 3.) Field Filtered: For liquid matrices, indicate with a - Y - for yes the sample was field filtered or - N - for sample was not field filtered.
 4.) Matrix Codes: DW=Drinking Water, GW=Groundwater, SW=Surface Water, WW=Waste Water, W=Water, ML=Misc. Liquid, SO=Soil, SD=Sludgement, SL=Sludge, SS = Solid Waste, O=Oil, F=Filter, P=Wipe, U=Urine, F= fecal, N=H
 5.) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6010B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010B/7470A - 1).
 6.) Preservative Type: HA = Hydrochloric Acid, NI = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate. If no preservative is added = leave field blank

For Lab Receiving Use Only

Custody Seal Intact?
 YES NO

Cooler Temp.
 C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

Page: _____ of _____

Project #: _____

GEL Quote #: _____

COC Number (1): _____

PO Number: _____

GEL Chain of Custody and Analytical Request

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GEL Work Order Number: _____

GEL Laboratories, LLC
2040 Savage Road
Charleston, SC 29407
Phone: (843) 556-8171
Fax: (843) 766-1178

Client Name: _____ Phone #: _____

Project/Site Name: _____ Fax #: _____

Address: _____

Collected by: _____ Send Results To: _____

Sample Analysis Requested (5): (Fill in the number of containers for each test)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

← Preservative Type (6)

Comments
Note: extra sample is required for sample specific QC

Sample ID <small>* For composites - indicate start and stop date/time</small>	*Date Collected (mm-dd-yy)	*Time Collected (M/B/Lary) (hour)	QC Code (3)	Field Filtered (4)	Sample Matrix (4)	Radi active	TSC A Regu lated per of				
SN1B.25.2	12-10-15										
SN1B.25.3	12-10-15										
SN1B.27.1	12-10-15										
SN1B.27.2	12-10-15										
SN1B.27.3	12-10-15										
4.1B.R.2.1	12-10-15										
4.1B.R.2.2	12-10-15										
4.1B.R.2.3	12-10-15										
4.1B.R.2.4	12-10-15										
4.1B.R.2.5	12-10-15										

TAT Requested: Normal: Rush: Specify: _____ (Subject to Surcharge) Fax Results: Yes / No

Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards _____

Sample Collection Time Zone
Eastern Pacific
Central Other _____
Mountain

Chain of Custody Signatures				Sample Shipping and Delivery Details			
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time		
1			1			GEL PM:	
2			2			Method of Shipment:	Date Shipped:
3			3			Airbill #:	
						Airbill #:	

1) Chain of Custody Number - Client Determined

2) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite

3) Field Filtered: For liquid matrices, indicate with a - Y for yes the sample was field filtered or - N for sample was not field filtered

4) Matrix Codes: DW = Drinking Water, GW = Groundwater, SW = Surface Water, WW = Waste Water, W = Water, ML = Misc Liquid, SO = Soil, SD = Sediment, SL = Sludge, SS = Solid Waste, O = Oil, F = Filter, P = Wipe, U = Urine, F = Fecal, N = N/A

5) Sample Analysis Requested: Analytical method requested (i.e. 8160B, 6010D/7470A) and number of containers provided for each (i.e. 8260B - 3, 6010D/7470A - 1).

6) Preservative Type: HA = Hydrochloric Acid, NA = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate. If no preservative is added - leave field blank.

For Lab Receiving Use Only

Custody Seal Intact?
YES NO

Cooler Temp.
C _____

WHITE = LABORATORY YELLOW = FIELD PINK = CLIENT

Page: _____ of _____
 Project #: _____
 GEL Quote #: _____
 COC Number (1): _____
 PO Number _____

GEL Chain of Custody and Analytical Request

See www.gel.com for GEL's Sample Acceptance SOP

GEL Laboratories, LLC
 2040 Savage Road
 Charleston, SC 29407
 Phone: (843) 556-8171
 Fax: (843) 766-1178

GEL Work Order Number: _____

Client Name: _____ Phone #: _____
 Project/Site Name: _____ Fax #: _____

Sample Analysis Requested (6) (Fill in the number of containers for each test)

Address: _____

Should this sample be considered _____

Collected by: _____ Send Results To: _____

Sample ID	*Date Collected (mm-dd-yy)	*Time Collected (Military) (hh:mm)	QC Code (2)	Field Filtered (6)	Sample Matrix (3)	Rad. active	TSC A Registered	per of											
<i>* For composites - indicate start and stop date/time</i> 4.I.B.R. 2.6	12-10-15																		
4.I.B.R. 2.7	12-10-15																		

TAT Requested: Normal: _____ Rush: _____ Specify: _____ (Subject to Site change) Fax Results: Yes / No

Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards

Sample Collection Time Zone
 Eastern Pacific
 Central Other _____
 Mountain

Chain of Custody Signatures

Sample Shipping and Delivery Details

Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time
1			1		
2			2		
3			3		

GEL PM: _____
 Method of Shipment: _____ Date Shipped: _____
 Airbill #: _____
 Airbill #: _____

1) Chain of Custody Number - Client Determined
 2) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
 3) Field Filtered: For liquid matrices, indicate with a Y - for yes the sample was field filtered or - N - for sample was not field filtered
 4) Matrix Code: DW = Drinking Water, GW = Groundwater, SW = Surface Water, WW = Waste Water, W = Water, ML = Mine Liquid, SO = Soil, SD = Sediment, SL = Sludge, SS = Solid Waste, O = Oil, F = Filter, P = Wipe, U = Urine, F = Fecal, N =
 5) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 8010B/7470A) and number of containers provided for each (i.e. 8260B 3, 8010B/7470A - 1)
 6) Preservative Type: HA = Hydrochloric Acid, NA = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate, If no preservative is added - leave field blank

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

For Lab Receiving Use Only

Custody Seal Intact?
 YES NO
 Cooler Temp:
 C

Page: _____ of _____
 Project #: _____
 GEL Quote #: _____
 COC Number (1): _____
 PO Number: _____

GEL Chain of Custody and Analytical Request

See www.gel.com for GEL's Sample Acceptance SOP

GEL Work Order Number: _____

GEL Laboratories, LLC
 2040 Savage Road
 Charleston, SC 29407
 Phone: (843) 556-8171
 Fax: (843) 766-1178

Client Name: _____		Phone #: _____		Sample Analysis Requested (5) (Fill in the number of containers for each test)																
Project/Site Name: _____		Fax #: _____		Should this sample be considered _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	← Preservative Type (6)	
Address: _____		Send Results To: _____																		Reductive
Collected by: _____		Sample ID		*Date Collected (mm-dd-yy)	*Time Collected (Military) (hh:mm)	QC Code (3)	Field Filtered (3)	Sample Matrix (4)												
* For composites - indicate start and stop date/time		4.1.D.R.1.1		12/10/15																
		4.1.D.R.1.2		12/10/15																
		4.1.D.R.1.3		12/10/15																
		4.1.D.R.1.4		12/10/15																
		4.1.D.R.2.1		12/10/15																
		4.1.D.R.2.2		12/10/15																
		4.1.D.R.2.3		12/10/15																
		4.1.D.R.2.4		12/10/15																
		4.1.D.R.2.5		12/10/15																

TAT Requested: Normal: _____ Rush: _____ Specify: _____ (Subject to Surcharge) Fax Results: Yes / No Circle Deliverable: C of A / QC Summary / Level 1 / Level 2 / Level 3 / Level 4

Remarks: Are there any known hazards applicable to these samples? If so, please list the hazards _____
 Sample Collection Time Zone
 Eastern Pacific
 Central Other _____
 Mountain

Chain of Custody Signatures				Sample Shipping and Delivery Details			
Relinquished By (Signed)	Date	Time	Received by (signed)	Date	Time		
1			1			GEL PM:	
2			2			Method of Shipment: _____ Date Shipped: _____	
3			3			Airbill #: _____	
						Airbill #: _____	

1.) Chain of Custody Number - Client Determined
 2.) QC Codes: N = Normal Sample, TB = Trip Blank, FD = Field Duplicate, EB = Equipment Blank, MS = Matrix Spike Sample, MSD = Matrix Spike Duplicate Sample, G = Grab, C = Composite
 3.) Field Filtered: For liquid matrices, indicate with a 'Y' for yes (a sample was field filtered) or 'N' for no (a sample was not field filtered)
 4.) Matrix Codes: DW=Drinking Water, GW=Groundwater, SW=Surface Water, WW=Waste Water, W=Water, ML=Misc. Liquid, SO=Soil, SD=Sediment, SL=Sludge, SS=Solid Waste, O=Oil, F=Filter, P=Wipe, U=Urine, F=Fecal, N=Not
 5.) Sample Analysis Requested: Analytical method requested (i.e. 8260B, 6910B/7470A) and number of containers provided for each (i.e. 8260B - 3, 6910B/7470A - 1)
 6.) Preservative Type: HA = Hydrochloric Acid, NA = Nitric Acid, SH = Sodium Hydroxide, SA = Sulfuric Acid, AA = Ascorbic Acid, HX = Hexane, ST = Sodium Thiosulfate. If no preservative is added - leave field blank

For Lab Receiving Use Only

Custody Seal Intact?
 YES NO
 Cooler Temp
 C

WHITE = LABORATORY YELLOW = FILE PINK = CLIENT

4.1B

Date Collected	Sample	Elevation				Coordinates	
		0-15 cm	15-30 cm	30-60 cm	60-100c cm		
12-10-15	4.1B R 1 . 1	X				42°32'27.53"N	79° 2'45.36"W
12-10-15	4.1B R 1 . 2		X				
12-10-15	4.1B R 1 . 3			X			
12-10-15	4.1B R 1 . 4				X		
12-10-15	4.1B R 2 . 1	X				42°32'26.66"N	79° 2'45.78"W
12-10-15	4.1B R 2 . 2		X				
12-10-15	4.1B R 2 . 3			X			
12-10-15	4.1B R 2 . 4				X		
12-10-15	4.1B R 2 . 5			X			
12-10-15	4.1B R 2 . 6				X		
12-8-15	4.1B R 3 . 1	X				42°32'25.66"N	79° 2'45.27"W
12-8-15	4.1B R 3 . 2		X				
12-8-15	4.1B R 4 . 1	X				42°32'24.89"N	79° 2'45.56"W
12-8-15	4.1B R 4 . 2		X				
12-8-15	4.1B R 5 . 1	X				42°32'24.00"N	79° 2'46.27"W
12-8-15	4.1B R 5 . 2		X				
12-8-15	4.1B R 6 . 1	X				42°32'23.70"N	79° 2'45.30"W
12-8-15	4.1B R 6 . 2		X				
12-9-15	4.1B R 7 . 1	X				42°32'23.13"N	79° 2'45.34"W
12-9-15	4.1B R 7 . 2		X				
12-9-15	4.1B R 8 . 1	X				42°32'23.19"N	79° 2'46.36"W
12-9-15	4.1B R 8 . 2		X				

4.1B

Date Collected	Sample	Elevation				Coordinates	
		0-15 cm	15-30 cm	30-60 cm	60-100c cm		
12/10/15	4.1B R 1 . 1	X				42°32'27.53"N	79° 2'45.36"W
12/10/15	4.1B R 1 . 2		X				
12/10/15	4.1B R 1 . 3			X			
12/10/15	4.1B R 1 . 4				X		
12/10/15	4.1B R 2 . 1	X				42°32'26.66"N	79° 2'45.78"W
12/10/15	4.1B R 2 . 2		X				
12/10/15	4.1B R 2 . 3			X			
12/10/15	4.1B R 2 . 4				X		
12/10/15	4.1B R 2 . 5			X			
12/10/15	4.1B R 2 . 6				X		
12/8/15	4.1B R 3 . 1	X				42°32'25.66"N	79° 2'45.27"W
12/8/15	4.1B R 3 . 2		X				
12/8/15	4.1B R 4 . 1	X				42°32'24.89"N	79° 2'45.56"W
12/8/15	4.1B R 4 . 2		X				
12/8/15	4.1B R 5 . 1	X				42°32'24.00"N	79° 2'46.27"W
12/8/15	4.1B R 5 . 2		X				
12/8/15	4.1B R 6 . 1	X				42°32'23.70"N	79° 2'45.30"W
12/8/15	4.1B R 6 . 2		X				
12/9/15	4.1B R 7 . 1	X				42°32'23.13"N	79° 2'45.34"W
12/9/15	4.1B R 7 . 2		X				
12/9/15	4.1B R 8 . 1	X				42°32'23.19"N	79° 2'46.36"W
12/9/15	4.1B R 8 . 2		X				

4.1C

Date Collected	Sample	Elevation				Coordinates	
		0-15 cm	15-30 cm	30-60 cm	60-100c cm		
12/10/15	4.1C R 1 . 1	X				42°32'26.89"N	79° 2'43.11"W
12/10/15	4.1C R 1 . 2		X				
12/10/15	4.1C R 1 . 3			X			
12/10/15	4.1C R 1 . 4				X		
12/10/15	4.1C R 2 . 1	X				42°32'27.10"N	79° 2'41.85"W
12/10/15	4.1C R 2 . 2		X				
12/10/15	4.1C R 2 . 3			X			
12/10/15	4.1C R 2 . 4				X		
12/9/15	4.1C R 3 . 1	X				42°32'26.39"N	79° 2'40.86"W
12-9-15	4.1C R 3 . 2		X				
12-9-15	4.1C R 3 . 5		X				
12-9-15	4.1C R 4 . 1	X				42°32'25.60"N	79° 2'40.45"W
12-9-15	4.1C R 4 . 2		X				
12-9-15	4.1C R 5 . 1	X				42°32'25.21"N	79° 2'41.52"W
12-9-15	4.1C R 5 . 2		X				
12-9-15	4.1C R 6 . 1	X				42°32'25.04"N	79° 2'42.35"W
12-9-15	4.1C R 6 . 2		X				
12/9/15	4.1C R 7 . 1	X				42°32'25.71"N	79° 2'43.12"W
12/9/15	4.1C R 7 . 2		X				
12-9-15	4.1C R 8 . 1	X				42°32'26.44"N	79° 2'42.25"W
12-9-15	4.1C R 8 . 2		X				
12-9-15	4.1C R 9 . 1	X				42°32'25.68"N	79° 2'41.52"W
12-9-15	4.1C R 9 . 2		X				
12-9-15	4.1C R 9 . 5	X					
12-9-15							

4.1D

Date Collected	Sample	Elevation				Coordinates	
		0-15 cm	15-30 cm	30-60 cm	60-100c cm		
12-10-15	4.1D R 1 . 1	X				42°32'28.69"N	79° 2'38.58"W
12-10-15	4.1D R 1 . 2		X				
12-10-15	4.1D R 1 . 3			X			
12-10-15	4.1D R 1 . 4				X		
12-10-15	4.1D R 2 . 1	X				42°32'28.31"N	79° 2'36.95"W
12-10-15	4.1D R 2 . 2		X				
12-10-15	4.1D R 2 . 3			X			
12-10-15	4.1D R 2 . 4				X		
12-10-15	4.1D R 2 . 5		X				
12-9-15	4.1D R 3 . 1	X				42°32'27.15"N	79° 2'37.19"W
12-9-15	4.1D R 3 . 2		X				
12-9-15	4.1D R 4 . 1	X				42°32'27.24"N	79° 2'38.48"W
12-9-15	4.1D R 4 . 2		X				
12-9-15	4.1D R 4 . 5	X					
12-9-15	4.1D R 5 1	X				42°32'27.73"N	79° 2'37.09"W
12-9-15	4.1D R 5 2		X				
12-9-15	4.1D R 6 1	X				42°32'28.06"N	79° 2'38.48"W
12-9-15	4.1D R 6 2		X				

4.1D

Date Collected	Sample	Elevation				Coordinates	
		0-15 cm	15-30 cm	30-60 cm	60-100c cm		
12/10/15	4.1D R 1 . 1	X				42°32'28.69"N	79° 2'38.58"W
12/10/15	4.1D R 1 . 2		X				
12/10/15	4.1D R 1 . 3			X			
12/10/15	4.1D R 1 . 4				X		
12/10/15	4.1D R 2 . 1	X				42°32'28.31"N	79° 2'36.95"W
12/10/15	4.1D R 2 . 2		X				
12/10/15	4.1D R 2 . 3			X			
12/10/15	4.1D R 2 . 4				X		
12/10/15	4.1D R 2 . 5		X				
12-9-15	4.1D R 3 . 1	X				42°32'27.15"N	79° 2'37.19"W
12-9-15	4.1D R 3 . 2		X				
12-9-15	4.1D R 4 . 1	X				42°32'27.24"N	79° 2'38.48"W
12-9-15	4.1D R 4 . 2		X				
12-9-15	4.1D R 4 . 5	X					
12-9-15	4.1D R 5 1	X				42°32'27.73"N	79° 2'37.09"W
12-9-15	4.1D R 5 2		X				
12-9-15	4.1D R 6 1	X				42°32'28.06"N	79° 2'38.48"W
12-9-15	4.1D R 6 2		X				