CHAIN OF CUSTODY / ANALYSIS REQUEST

(PLEASE COMPLETE ALL APPLICABLE SHADED

EDGE ANALYTICAL

PAGE_____ OF

Report To: Northwest Straits Foundation	Billing Email: SAME	20-40299 76453 - 76455	
Address: 1155 N. State St.	Bill To:		
City: Bellingham State: WA Zip: 98225	Address	CHECK REGULATORY PROGRAM	
Attn: Lisa Kaufman	City: State: Zip:	☐ Safe Drinking Water Act	
Phone: 360-393-6495 Fax:	Phone: P.O.#:	☐ Clean Water Act	
Report Email: Kaufman@nwstraitsfoundation.org	Card: VISA M/C Expires:	☐ RCRA / CERCLA	
Project Name: Seahorse Siesta	Card#:	☐ Other	

Main Lab (800-755-9295)
1620 South Walnut St. Burlington, WA 98233
Microbiology (888-725-1212)
805 W. Orchard Dr. Suite 4 Bellingham, WA 98225
Portland Lab (503-682-7802)
9150 SW Pioneer Ct. Suite W Wilsonville, OR 97070
Corvallis Lab (541-753-4946)
1100 NE Circle Blvd. Suite 130 Corvallis, OR 97333
Bend Lab (541-639-8425)
20332 Empire Ave. Suite F4 Bend, OR 97703

INSTRUCTIONS "PLEASE READ"
1. Use one line per sample location.
2. Be specific in test requests.
3. List each metal individually.
4. Check off analysis to be performed for each sample location.
5. Enter number of containers.

Turn Around Time Required
- ☒ Standard
- ☐ **HALF-TIME** (50% Surcharge)
- ☐ **QUICKEST** (100% Surcharge) Phone Call Req.
- ☐ **EMERGENCY** (Phone Call Required)

Analysis Requested

	Sample ID	Location	Sample Matrix (See Below)	Grab or Composite	Date	Time	8270 Analytical Protocol Creosol acid extractable	Chromium	Copper	Arsenic				Number Of Containers	Special Instruction/ Conditions on Receipt
1	1	Bowse Composite		Grab	11/10	N/A	☒	☒	☒	☒	☐	☐	☐		
2	2	Bowse Composite		Grab	11/10	N/A	☒	☒	☒	☒	☐	☐	☐		
3	3	Bowse Composite		Grab	11/10	N/A	☒	☒	☒	☒	☐	☐	☐		
4							☐	☐	☐	☐	☐	☐	☐		
5							☐	☐	☐	☐	☐	☐	☐		
6							☐	☐	☐	☐	☐	☐	☐		
7							☐	☐	☐	☐	☐	☐	☐		
8							☐	☐	☐	☐	☐	☐	☐		
9							☐	☐	☐	☐	☐	☐	☐		

**Are there known hazardous or dangerous wastes in these samples? YES / NO If YES, indicate type on reverse of this form; samples may be returned to you.

Sampled By: Jay Tomasko **Phone:** 360-661-7990 **Fax:** **Email:** jaygulcedar@gmail.com

3 ◄ Total Containers

☐ Sample Receipt requested (Must include FAX or Email)

***Sample Matrix**

W - Water	**SW** - Surface Water	**WW** - Wastewater	**SL** - Salt Water	**Other:**
DW - Drinking Water	**ST** - Storm Water	**S** - Soil	**OL** - Oil	

	Yes	No	N/A
Custody Seals Intact	☐	☒	☐
Sample Temp 4.3 C Satisfactory	☒	☐	☐
Evidence Of Cooling	☒	☐	☐
Samples Received Intact	☒	☐	☐
Chain Of Custody & Labels Agree	☒	☐	☐

Relinquished By	Date	Time	Received By	Date	Time
Anthony North	11/11			11/11/2020	1048
			SMS 4.9	EDGE 11/11/20 1600	

FORM: Chain of Custody 2019.pdf