

APPENDIX D: CHAIN-OF-CUSTODY FORMS

CHAIN-OF-CUSTODY/TEST REQUEST FORM

1423

Project/Client Name: LDW
 Windward Project No: 04-01-06-21
 Contact Name: HELLE ANDERSON
 Sampled By: WINDWARD

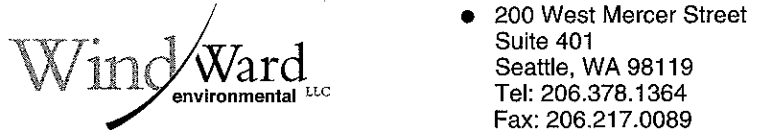
Ship to: ALLAN FUKUYAMA
 Attn: _____
 Shipping address: _____
 Shipping Date: 9/3/04
 Airbill Number: _____

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)]
					TRACED	IDENTIFIED					
8/12/04	1045	LDW - B1a - C	1	sediment	X						INTERFLUX SAMPLES
8/13/04	1100	LDW - B2a - C	1	↓	X						COLLECTED WITH
8/12/04	830	LDW - B3a - C	1		X						A 2" CORE
8/14/04	1140	LDW - B4a - C	1		X						GIVEN ON U.S. SHIP
8/16/04	1045	LDW - B5a - C	1		X						
8/15/04	1130	LDW - B6a - C	1		X						
8/30/04	1200	LDW - B7a - C	1		X						
8/17/04	1215	LDW - B8a - C	1		X						
8/27/04	800	LDW - B9a - C	1		X						
8/25/04	725	LDW - B10a - C	1		X						
8/16/04	1:35	BCA - 1	1		X						
8/17/04	1100	BCA - 2	1	X							

Total Number of Containers: 12 Purchase Order / Statement of Work # _____

1) Released by: Print name: <u>HELLE ANDERSON</u> Signature: <u>[Signature]</u> Company: <u>WINDWARD</u> Date/Time: <u>9/3/04 1015</u>	1) Rec'd by: Print name: <u>[Signature]</u> Company: <u>[Signature]</u> Date/Time: <u>9/3/04 1015</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: Print name: _____ Company: _____ Date/Time: _____
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* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.
 * Instructions for completion of Chain-of-Custody/Test Request Form on back.



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

№ 2025

Project/Client Name: LDW
 Project Number: 04-09-06-21
 Contact Name: HELLE ANDERSEN
 Sampled By: WINDWARD

Ship to: ALLAN VUKOVIC
 Attn: _____
 Shipper: _____
 Form filled out by: _____
 Shipping Date: _____
 Airbill Number: _____
 Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	TAP XRD ANALYSIS IDENTIFICATION	Test(s) Requested (check test(s) required)						Comments / Instructions [Jar tag number(s)]
8/12/04	1045	LDW-B1a-C	1	SEDIMENT	X							INTERNAL SAMPLES
8/13/04	1100	LDW-B2a-C	2		X							0.1 m ² FRAME
8/12/04	1040	LDW-B3a-C	2		X							2 mm SIEVES
8/14/04	1140	LDW-B4a-C	2		X							
8/16/04	1045	LDW-B5a-C	1		X							
8/15/04	1130	LDW-B6a-C	1		X							
8/30/04	1200	LDW-B7a-C	1		X							
8/17/04	1215	LDW-B8a-C	1		X							
8/27/04	800	LDW-B9a-C	1		X							
8/25/04	725	LDW-B10a-C	1		X							
8/16/04	1330	BCA-1	2		X							
8/17/04	1100	BCA-2	2		X							

Total Number of Containers 17 **Purchase Order / Statement of Work #** _____

1) Released by: Print name: <u>HELLE ANDERSEN</u> Signature: <u>[Signature]</u> Company: <u>WINDWARD</u> Date/Time: <u>9/3/04 1015</u>	1) Rec'd by: Print name: <u>Allan Vukovic</u> Company: <u>FIAT EM</u> Date/Time: <u>9/3/04 1015</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

1424

Project/Client Name: LDW
 Windward Project No: 04-08-06-21
 Contact Name: KRISTE ANDERSON
 Sampled By: WINDWARD

Ship to: ALLAN FUKUYAMA
 Attn: _____
 Shipping address: _____
 Shipping Date: 7/13/04
 Airbill Number: _____

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)]
					Microbiology	IDL	VTG	CHL	CHL	CHL	
8/13/04	1145	LDW-B5b-C	1	SEAWATER	X						SUBSTRATE SAMPLE
8/16/04	1435	LDW-R4b-C	1		X						MIXED WITH A
8/18/04	1050	LDW-B5b-C	1		X						2" CORE SILEX
8/18/04	1500	LDW-B6b-C	1		X						ON O.S. ONLY
8/13/04	1635	LDW-B7b-C	1		X						
8/19/04	1405	LDW-R8b-C	1		X						
8/13/04	1330	LDW-R9b-C	1		X						
8/19/04	0945	LDW-B10b-C	1		X						
8/20/04	1140	BCA-2	1		X						
8/20/04	1405	BCA-4	1		X						
8/17/04	1730	BCA-5	1		X						
8/20/04	940	BCA-6	1		X						

Total Number of Containers

12

Purchase Order / Statement of Work #

1) Released by: Print name: <u>KRISTE ANDERSON</u> Signature: <u>[Signature]</u> Company: <u>WINDWARD</u> Date/Time: <u>7/13/04</u>	1) Rec'd by: Print name: <u>ALLAN FUKUYAMA</u> Company: <u>DAVID</u> Date/Time: <u>8/13/04 1012</u>	2) Released by: Print name: _____ Signature: _____ Company: _____ Date/Time: _____	1) Rec'd by: Print name: _____ Company: _____ Date/Time: _____
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* Instructions for completion of Chain-of-Custody/Test Request Form on back.

To be completed by Laboratory upon sample receipt:

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



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 Fax: 206.217.0089

CHAIN-OF-CUSTODY / TEST REQUEST FORM

№ 2023

Project/Client Name: LDW
 Project Number: 04-09-06-21
 Contact Name: HELLE ANDERSEN
 Sampled By: WINDOWARD

Ship to: ALLAN FUKUYAMA
 Attn: _____ Shipping Date: 9/3/04
 Shipper: _____ Airbill Number: _____
 Form filled out by: _____ Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	TAXONOMY IDENTIFICATION	Test(s) Requested (check test(s) required)				Comments / Instructions (Jar tag number(s))
8/10/04	1540	LDW-B3b-C	3	SEDIMENT	X	PLEASE SIEVE ON	mm	AND	VAN VLEW 0.5mm	
8/17/04	1145	LDW-B3b-C	1	SEDIMENT	X	COMBINE W/	OTHER	SAMPLE	VAN VLEW 1.0mm	
8/16/04	1435	LDW-B4b-C	1	SEDIMENT	X					
8/18/04	1100	LDW-B5b-C	1		X					
8/18/04	1500	LDW-B6b-C	1		X					
8/13/04	1635	LDW-B7b-C	1		X					
8/19/04	1425	LDW-B8b-C	1		X					
8/13/04	1330	LDW-B9b-C	1		X					
8/19/04	1000	LDW-B10b-C	1		X					
8/20/04	1140	LDW BCA-2	1		X					
8/20/04	1405	BCA-4	1		X					
8/17/04	1730	BCA-5	3		X					
Total Number of Containers			16	Purchase Order / Statement of Work #						

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name: <u>HELLE ANDERSEN</u>		<u>Alan Fukuyama</u>		Print name:			
Signature: <u>Helle Andersen</u>		Company: <u>FIT ENV</u>		Signature:		Company:	
Company: <u>WINDOWARD</u>		Date/Time: <u>9/3/04 1015</u>		Company:		Date/Time:	
Date/Time: <u>9/3/04 1015</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

№ 2004

Project/Client Name: LDW
 Project Number: 04-08-06-21
 Contact Name: HELLE ANDERSEN
 Sampled By: WINDWARD

Ship to: ALLAN FUKUYAMA
 Attn: _____ Shipping Date: 9/3/04
 Shipper: _____ Airbill Number: _____
 Form filled out by: _____ Turnaround requested: _____

Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	MAXIMUM CONTAMINATION IDENTIFICATION	Test(s) Requested (check test(s) required)						Comments / Instructions (Jar tag number(s))
8/20/04	0940	BCA-6	1	SEDIMENT	X							VAN Veen 1 mm
Total Number of Containers				Purchase Order / Statement of Work #								

1) Released by:		1) Rec'd by:		2) Released by:		2) Rec'd by:	
Print name: <u>HELLE ANDERSEN</u>		Print name: <u>ALLAN FUKUYAMA</u>		Print name: _____		Print name: _____	
Signature: <u>Helle Andersen</u>		Company: <u>FIAT ENV</u>		Signature: _____		Company: _____	
Company: <u>WINDWARD</u>		Date/Time: <u>9/3/04 1015</u>		Company: _____		Date/Time: _____	
Date/Time: <u>9/3/04 1015</u>		Date/Time: <u>9/3/04 1015</u>		Date/Time: _____		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: _____