APPENDIX A: CHAIN OF CUSTODY FORMS



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Windward Environmental

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	CHAIN-OF-CUSTODY/TEST REQUEST FORM								
Project/Client Nar	ne: PO	5/LDWG		Ship to:	A	121			1000
Windward Project	No:			Attn:	Si	re Duna	1400	Shippin	g Date:
Contact Name:	50	anna Florer, Kud	nyGodfreds	 Shipping addre		7	vered	Airbill N	lumber:
Sampled By:	7	UF ,	J	-			\		
Sample	Time	Sample Identification	Volume of	Matrix	I	Test(s) Requeste	ed (check test(s)	required)	Comments / Instructions
Collection Date (m/d/y)	,		Sample / # of Containers						[Jar tag number(s)]
(111/d/y)			Containers		12				
					\$				
					nomogenize				
6/23/03	1025	LDW-MWh-W-WF-Compl	1	Hosue	X				Homogenize +
6/23/03	1025	LDW-MWb-W-WF-Como2	个	小	1				Archive Sample
6/23/03	1025	LOW-MWb-W-WF-Comp3							like previous.
6/23/03	0730	UDW-LWa-H-WF-Compl							,
6/23/63	0730	LDW-LWa-H-WF-Comp2							
623 03	6730	LDW-LWa-H-WF-Comp3							
6 23 63	6730	DW-LWa-W-WF-compl							
123/03	0730	LDW-LWG-W-WF-COMPZ							
23/63	5730	LDW-LWa-W-UF-Lmp3			11-1				
62303	1025	LDW-MW-H-WF-comp1	•		$\bot \bot \bot$				
6/23/03	1025	LDW-MM-H-WF-COMPZ			1-1-1				
623-2403	NA	WW-MW-H-WF-Comp3	>		14				
6/18/03	1130	LJW-RMIB-H-WF-Compl		tissue	大				
		Total Number of Containers	Λ.	Purchase Order /	Statemen	t of Work #			

2) Released by:

Print name:

Signature:

Company: Date/Time:

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

1) Rec'd by:

Company

Date/Time:

* Instructions for completion of Chain-of-Custody/Test Request Form on back.



1) Released by:

Print name: Signature:

Company:

Date/Time:

 200 West Mercer Street Suite 401
 Seattle, WA 98119
 Tel: 206.378.1364
 Fax: 206.217.0089 To be completed by Laboratory upon sample receipt:

ERIC BRANSON

Date of receipt:	Laboratory W.O.#
Condition upon receipt:	Time of receipt: 12463 498
Cooler temperature:	Received tox: franchau

1) Rec'd by:

Company:

Date/Time:

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Windward Environmental

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CHAIN-OF-CUSTODY/TEST REQUEST FORM

Project/Client Name: POS/LDW6	Ship to: API		1308
Windward Project No: 03-08-00-16	Attn: Sur Dun, NSD, Shipping Date:	¥	
Contact Name: Jana Plover	Shipping address: handalverel Airbill Number:	£	
Sampled By:			`%,

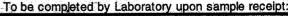
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	Sample Collection Date	Time	Sample Identification	Volume of Sample / # of	Matrix		l est(s)	Requeste	a (cneck	test(s) r	equirea)	^	Comments / Instructions [Jar tag number(s)]
	(m/d/y)			Sample / # of Containers		7	1/2						4
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						•	٠٤	Ý					5
				ş · ·		No.	Prchive						· ·
	6/19/03	1000	LOW-RAID-H-WF-Comp2		tissue	×							2 mage
3	U20103		LOW-PUB-H-WF-Lonp3		A	X						i i	woman like in
1	41803	1130	DW-RM18-W-WF-Long1	1		X						4.00 m	HOROMING SA MA
4	U 18-20 03	NA	LOW-RM18-W-UF-Comp2	. 4		×							16.11
	624-2503	NA	DW-PINIB-W-WF-Comp3	T.		×				,			
A	62403		LDW-LW-H-SC-Lempl		house	4	X	•		*-	1.1	and the same	Archiver
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	Total Number of Containers / Purchase Order / Statement of Work #												
	1) Balageed by:		Single 1) Rec'd by:	11 /12) Release	d by:	RICK	ROA.	60	1) Re	c'd by:	
	Released by: Print name:	Davin	7 1000	pul Je	anew !	Print na		- 12	,				
	Signature:) - HUI	Company:	10		Signatu	re:	The L	Jan	-	Co	mpany:	
	Company:	lindu	ag_	71		Compa	-	4,43					
	Date/Time: 🕡	D7/13	Date/Time:	-6127/0	3 1705	Date/Ti	me: O	1/24/	93-	1435	Di	ate/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.



 200 West Mercer Street Suite 401 Seattle, WA 98119 Tel: 206,378.1364 Fax: 206,217.0089





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Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

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Project/Client Nan Windward Project Contact Name: Sampled By:	No: 03	16006 1000-16 1000-16		Ship to: Attn: Shipping addre	ess: A	PJ gnd	unn (del.	, hoc verse	1	ng Date: Number:
Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	Nomognize	Prchive Archive	Requested	(check test(s)	required)	Comments / Instructions [Jar taġ number(s)]
6 9 03 6 20 03 6 18 03 6 18 20 03	1130	LDW-RM18-H-WF-Comp2 LDW-RM18-H-WF-Comp3 LDW-RM18-W-WF-Comp1 LDW-RM18-W-WF-Comp2	1	tissue	X X X					Homogeninee Hardinelike los Premas samples
624-25 03	NA	LDW-PMB-W-WF-Comp3 WW-LW-H-SX-Comp)	1	hissue.	×	X				Archive
		Total Number of Containers	1 12	Purchase Order	/ Stateme					
1) Released by: Print name: Signature: Company: Date/Time:	Sanna Jindu 17/13	Plwan 1) Rec'd by: Company: Date/Time:	ARI 6/27/0	anen- 3 1705	2) Release Print na Signatu Compai Date/Tir	re:	ART ART	Seanioù grans- - 3-143	1) Rec'd by Compan Date/Tin	y:

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.

Ward environmental LLC

 200 West Mercer Street Suite 401 Seattle, WA 98119 Tel: 206.378.1364 Fax: 206.217.0089 To be completed by Laboratory upon sample receipt:

Date of receipt:	Laboratory W.O. #:
Condition upon receipt:	Time of receipt: 95/03/03/09/0
Cooler temperature	Received by:

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FM5403-6224

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			CHAIN-OF	-custor	Y/TE	ST REQ	UEST F	ORM		1-067118/ 1701
roject/Client Nan Vindward Project Contact Name: Sampled By:	No: <u>03</u>	mon Collection (-08-06-16 inna Florer MF	rom)	Ship to: Attn: Shipping addre	Su Su ss: ha	. ' 1	n.hot werec		Shipping C Airbill Num	
Sample Collection Date (m/d/y)	Time	Sample Identification	Volume of Sample / # of Containers	Matrix	homo- genize	Test(s) Request	ed (check test(s	required)		Comments / Instructions [Jar tag number(s)]
5/21/03	0930	LDW-SC-H-WF-COMPI		Tissue	7					12 fish incompositionmounties to available like previous sample for this project
1) Released by: Print name: Signature: Company: Date/Time:	Vindu		May Long Meny Low F ARI 5/22/03	Purchase Order	Statement Print name Signature Company Date/Time	by: Epic Re:	22 -14	Co	ec'd by: ompany: ate/Time:	

* 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.

• 200 West Mercer Street Suite 401 Seattle, WA 98119 Tel: 206.378.1364 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Date of receipt: らんなん Condition upon receipt: 0 K Laboratory W.O. #9/54 Time of receipt:

Cooler temperature: 4.0

Received by:

Signature:

Company:

Date/Time:

* Distribution: White and yellow copies accompany shipment; pink-consignor's copy; white-consignee return with results; yellow-consignee's copy.

Company:

* Instructions for completion of Chain-of-Custody/Test Request Form on back.

Signature:

Company:

Date/Time:

 200 West Mercer Street Suite 401 Seattle, WA 98119 Tel: 206.378.1364 Fax: 206.217.0089

To be completed by Laboratory upon sample receipt:

Company:

Date/Time:

Date of receipt: Condition upon receipt: Cooler temperature:

Laboratory W.O. Time of receipt: Received