APPENDIX A: CHAIN OF CUSTODY FORMS
Windward Environmental

CHAIN-OF-CUSTODY/TEST REQUEST FORM

Sample Collection Date

Sample Identification

Volume of Sample / # of Containers

Matrix

Test(s) Requested (check test(s) required)

Comments / Instructions [Jar tag number(s)]

Test(s) Requested

Comments / Instructions

Total Number of Containers

1) Received by:
   Print name: [Signature:]
   Company: Date/Time:

2) Released by:
   Print name: [Signature:]
   Company: Date/Time:

3) Received by:
   Print name: [Signature:]
   Company: Date/Time:

Distribution: White and yellow copies accompany shipment; pink=consignee’s copy; white=consignee return with intact; 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:
Condition upon receipt:
Cooler temperature:
Receivables:

Windward Environmental
200 West Mercer Street Suite 401
Seattle, WA 98119
Tel: 206.378.3164
Fax: 206.217.0099
## CHAIN-OF-CUSTODY/TEST REQUEST FORM

### Windward Environmental

#### Project/Client Name:
Robert N. K sentence

#### Windward Project No.:
03-08-09-16

#### Contact Name:
Karen Flaxer

#### Sampled By:
SMP

### Sample Collection Date

<table>
<thead>
<tr>
<th>Time (military)</th>
<th>Sample Collection Date</th>
<th>Sample Identification</th>
<th>Volume of Sample # of Containers</th>
<th>Method</th>
<th>Test(s) Requested (check testing required)</th>
<th>Comments / Instructions (lar tag number(s))</th>
</tr>
</thead>
<tbody>
<tr>
<td>0930</td>
<td>8/16/03</td>
<td>LOW-BAH-H-WF-Temp2</td>
<td>1</td>
<td>Trace</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1030</td>
<td>8/16/03</td>
<td>LOW-BAH-H-WF-Temp3</td>
<td>1</td>
<td>Trace</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1130</td>
<td>8/16/03</td>
<td>LOW-BAH-WF (Temp1)</td>
<td>1</td>
<td>Trace</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>NA</td>
<td>8/16/03</td>
<td>LOW-BAH-H-WF-Temp2</td>
<td>1</td>
<td>Trace</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>NA</td>
<td>8/16/03</td>
<td>LOW-BAH-H-WF-Temp3</td>
<td>1</td>
<td>Trace</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>NA</td>
<td>8/16/03</td>
<td>LOW-BAH-H-WF-Temp2</td>
<td>1</td>
<td>Trace</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>NA</td>
<td>8/16/03</td>
<td>LOW-BAH-H-WF-Temp3</td>
<td>1</td>
<td>Trace</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>NA</td>
<td>8/16/03</td>
<td>LOW-BAH-H-WF-Temp2</td>
<td>1</td>
<td>Trace</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

### Total Number of Containers

1) Released by:

- Print name: [Signature:]
- Company: [Date/Time:]

2) Released by:

- Print name: [Signature:]
- Company: [Date/Time:]

3) 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-consignor's copy.

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

---

* To be completed by Laboratory upon sample receipt:

---

* 200 West Mercer Street
  Suite 401
  Seattle, WA 98119
  Tel: 206.378.1964
  Fax: 206.378.8069

---
**Windward Environmental**

**CHAIN-OF-CUSTODY/TEST REQUEST FORM**

### Project/Client Name: 200 West Mercer Street

### Ship to: Seattle, WA 98119

### Windward Project No: 206.378.1364

### Contact Name: Stephanie Plamer

### Sampled By: JJP

### Total Number of Containers

<table>
<thead>
<tr>
<th>Sample Collection Date</th>
<th>Time</th>
<th>Sample Identification</th>
<th>Volume of Sample</th>
<th>Matrix</th>
<th>Test(s) Requested (check test(s) required)</th>
<th>Comments / Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/13/03</td>
<td>10:30</td>
<td>DWM-84519-11-WF-Comp2</td>
<td>1</td>
<td>3/5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6/13/03</td>
<td>10:30</td>
<td>DWM-84519-16-WF-Comp3</td>
<td>1</td>
<td>3/5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6/13/03</td>
<td>11:30</td>
<td>DWM-84519-15-WF-Comp3</td>
<td>1</td>
<td>3/5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6/13/03</td>
<td>11:30</td>
<td>DWM-84519-16-WF-Comp1</td>
<td>1</td>
<td>3/5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6/13/03</td>
<td>11:30</td>
<td>DWM-84519-16-WF-Comp2</td>
<td>1</td>
<td>3/5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6/13/03</td>
<td>11:30</td>
<td>DWM-84519-16-WF-Comp1</td>
<td>1</td>
<td>3/5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6/13/03</td>
<td>12:30</td>
<td>DWM-84519-15-WF-Comp1</td>
<td>1</td>
<td>3/5</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Purchase Order / Statement of Work #

1. Released by: Stephanie Plamer
   - Print name: Stephanie Plamer
   - Signature: [Signature]
   - Company: Windward Environmental
   - Date/Time: 6/13/03 17:05

2. Replaced by: [Replacing party]
   - Print name: [Print name]
   - Signature: [Signature]
   - Company: [Company]
   - Date/Time: [Date/Time]

3. Released by: [Releasing party]
   - Print name: [Print name]
   - Signature: [Signature]
   - Company: [Company]
   - Date/Time: [Date/Time]

---

* Distribution: White and yellow copies accompany shipment; pink-consignee’s copy; white copies 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: [Date]
- Condition upon receipt: [Condition]
- Cooler temperature: [Temperature]
- Laboratory W.O. #: [Number]
- Time of receipt: [Time]
### CHAIN-OF-CUSTODY/TEST REQUEST FORM

**Project/Client Name:** Salmon Collection (LDW)

**Windward Project No.:** 03-08-06-11

**Contact Name:** JoAnna Flerot

**Sampled By:** JMF

<table>
<thead>
<tr>
<th>Sample Collection Date/Time</th>
<th>Sample Identification</th>
<th>Volume of Sample/Number of Containers</th>
<th>Main(s)</th>
<th>Test(s) Requested (check test(s) required)</th>
<th>Comments/Instructions [jar tag number(s)]</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/22/03 09:30</td>
<td>LDW-SC-HW-F005</td>
<td>1</td>
<td>Tissue</td>
<td>12 Ash incomplete + Immunotype + Artificial like previous samples for this project</td>
<td></td>
</tr>
</tbody>
</table>

**Total Number of Containers:** 1

**Time of Delivery:** 5/22/03 08:08

1. **Released by:** JMF
   - **Print Name:** JoAnna Flerot
   - **Company:** Windward
   - **Date/Time:** 5/22/03 08:08

2. **Released by:** Mary Lee Fox
   - **Print Name:** Mary Lee Fox
   - **Company:** A2I
   - **Date/Time:** 5/22/03 08:08

3. **Read By:** Egg B. Johnson
   - **Print Name:** Egg B. Johnson
   - **Company:** Windward
   - **Date/Time:** 5/22/03 14:35

*Delivered: White and yellow copies accompany shipment; pre-consignor’s copy; white-consignor return with results; yellow-consignor’s copy.

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

To be completed by Laboratory upon sample receipt:
**CHAIN-OF-CUSTODY/TEST REQUEST FORM**

<table>
<thead>
<tr>
<th>Sample Collection Date (m/d/y)</th>
<th>Time (h/m)</th>
<th>Sample Identification</th>
<th>Volume of Sample / # of Containers</th>
<th>Matrix</th>
<th>Test(s) Requested (check test(s) requested)</th>
<th>Comments / Instructions (Jar tag number(s))</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/14/23</td>
<td>13:03</td>
<td>1.24-GGR-WF-014</td>
<td>1</td>
<td>tissue</td>
<td>[ ]</td>
<td>homogenize</td>
</tr>
<tr>
<td>5/14/23</td>
<td>13:03</td>
<td>1.24-GGR-WF-017</td>
<td>2</td>
<td>tissue</td>
<td>[X]</td>
<td>according to instructions sent May 14 via email to S. Dunnige for further instructions on chemical analysis</td>
</tr>
<tr>
<td>5/14/23</td>
<td>13:03</td>
<td>1.24-GGR-WF-020</td>
<td>2</td>
<td>tissue</td>
<td>[X]</td>
<td></td>
</tr>
</tbody>
</table>

Total Number of Containers: 3

**Release by:**
- **Print name:** Ganna Flower
- **Signature:**
- **Date/Time:** 5/14/23, 1800

**Received by:**
- **Print name:**
- **Signature:**
- **Date/Time:** 5/14/23, 1800

**Released by:**
- **Print name:**
- **Signature:**
- **Date/Time:**

**Received by:**
- **Print name:**
- **Signature:**
- **Date/Time:**

---

**Windward Environmental**

300 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:
- Condition upon receipt:
- Cooler temperature:
- Laboratory W.O. 
- Time of receipt:
- Received by:
- Laboratory:

---

- Distribution: White and yellow copies accompany shipment; pink-consignee's copy; white-consignee return with results; yellow-consignee's copy.
- Instructions for completion of Chain-of-Custody/Test Request Form on back.