



EMSL ANALYTICAL, INC.  
LABORATORY • PRODUCTS • TRAINING

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## Environmental Chemistry Chain of Custody

EMSL Order Number (Lab Use Only):

011905307

Report To Contact Name: Thomas Pruno				Bill To Company: Environmental Design, Inc.			
Company Name: Environmental Design, Inc.				Attention To: Thomas Pruno			
Street: 5434 King Avenue Suite 101				Street: 5434 King Avenue, Suite 101			
City: Pennsauken		State/Province: NJ		Zip/Postal Code: 08109		City: Pennsauken	
State/Province: NJ		Zip/Postal Code: 08109		City: Pennsauken		State/Province: NJ	
Phone : 8566169516		Fax :		Phone: 8566169516		Fax:	
Project Name: Charles St School Palmyra NJ				Email Results To: tp@editesting.com		Purchase Order: _____	
U.S. State where Samples Collected: NJ				Number of Samples in Shipment: 1		Date of Shipment: 5-5-19	
Sample for Compliance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, NPDES? <input type="checkbox"/> Other (Specify): _____							
Samples Collected by: EMSL <input type="checkbox"/> Client <input type="checkbox"/> check one				Sampled By (Signature): <i>[Signature]</i>		Samples Received Chilled (Y/N) _____	
Standard Turnaround Time: <input type="checkbox"/> 2 Weeks		The following TATs are subject to lab approval: <input checked="" type="checkbox"/> 1 Week <input type="checkbox"/> 4 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 2 Days <input type="checkbox"/> 1 Day					
Failure to complete will hinder processing of samples		Matrix		Preservative		List Test(s) Needed	
		W=Water S=Soil A=Air SL=Sludge O= Other		1=HCL 2=HNO3 3=H2SO4 4=ICE 5=Other			
Client Sample ID		Comp	Grab	Collect Date/Time	Matrix	Preservative	List Test(s) Needed
03-0505-01		<input type="checkbox"/>	<input checked="" type="checkbox"/>	5/5/19/1615	O	-	TC H <sub>2</sub> P
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
Released By (Signature)		Date & Time		Received By		Date & Time	
<i>[Signature]</i>		5/5/19 1800		<i>[Signature]</i>		5/6 9am	
Please indicate reporting requirements: <input checked="" type="checkbox"/> Results Only <input type="checkbox"/> Results and QC <input type="checkbox"/> Reduced Deliverables <input type="checkbox"/> Disk Deliverable <input type="checkbox"/> Other _____							
Instructions or Comments: <i>TCLP for Mercury only</i>				Note: Field pH and Field Temperature are tested on the same day as the date of sample collection.			