



**NEW YORK  
CHAIN OF  
CUSTODY**

Westborough, MA 01581  
8 Walkup Dr.  
TEL: 508-898-9220  
FAX: 508-898-9193

Mansfield, MA 02048  
320 Forbes Blvd  
TEL: 508-822-9300  
FAX: 508-822-3288

**Service Centers**  
Mahwah, NJ 07430: 35 Whitney Rd, Suite 5  
Albany, NY 12205: 14 Walker Way  
Tonawanda, NY 14150: 275 Cooper Ave, Suite 105

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of

Date Rec'd  
in Lab

ALPHA Job #

Client Information		Project Information		Deliverables		Billing Information	
Client:	(Use Project name as Project #) <input type="checkbox"/>	Project Name:		<input type="checkbox"/> ASP-A	<input type="checkbox"/> ASP-B	<input type="checkbox"/> Same as Client Info	
Address:		Project Location:		<input type="checkbox"/> EQuIS (1 File)	<input type="checkbox"/> EQuIS (4 File)	PO #	
Phone:		Project #		<input type="checkbox"/> Other			
Fax:		Project Manager:		<b>Regulatory Requirement</b>		<b>Disposal Site Information</b>	
Email:		ALPHAQuote #:		<input type="checkbox"/> NY TOGS	<input type="checkbox"/> NY Part 375	Please identify below location of applicable disposal facilities.	
		<b>Turn-Around Time</b>		<input type="checkbox"/> AWQ Standards	<input type="checkbox"/> NY CP-51	Disposal Facility:	
		Standard <input type="checkbox"/>	Due Date:	<input type="checkbox"/> NY Restricted Use	<input type="checkbox"/> Other	<input type="checkbox"/> NJ <input type="checkbox"/> NY	
		Rush (only if pre approved) <input type="checkbox"/>	# of Days:	<input type="checkbox"/> NY Unrestricted Use		<input type="checkbox"/> Other:	
				<input type="checkbox"/> NYC Sewer Discharge			

These samples have been previously analyzed by Alpha <input type="checkbox"/>						<b>ANALYSIS</b>						<b>Sample Filtration</b>		T o t a l  B o t t l e
Other project specific requirements/comments:												<input type="checkbox"/> Done <input type="checkbox"/> Lab to do <b>Preservation</b> <input type="checkbox"/> Lab to do  (Please Specify below)		
Please specify Metals or TAL.														

ALPHA Lab ID (Lab Use Only)	Sample ID	Collection		Sample Matrix	Sampler's Initials	ANALYSIS						Sample Specific Comments	
		Date	Time										

Preservative Code: A = None B = HCl C = HNO <sub>3</sub> D = H <sub>2</sub> SO <sub>4</sub> E = NaOH F = MeOH G = NaHSO <sub>4</sub> H = Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> K/E = Zn Ac/NaOH O = Other	Container Code P = Plastic A = Amber Glass V = Vial G = Glass B = Bacteria Cup C = Cube O = Other E = Encore D = BOD Bottle	Westboro: Certification No: MA935	Container Type						Please print clearly, legibly and completely. Samples can not be logged in and turnaround time clock will not start until any ambiguities are resolved. BY EXECUTING THIS COC, THE CLIENT HAS READ AND AGREES TO BE BOUND BY ALPHA'S TERMS & CONDITIONS. (See reverse side.)
		Mansfield: Certification No: MA015	Preservative						
		Relinquished By:	Date/Time	Received By:		Date/Time			