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Cooler Inspection Form

Client Name: Kingston Water

Date/Time Received: 7/31/09 @ 8:05

Work Order: 0907 - 1222

No. of Samples: 2

Received By: ALB

Checklist Completed By: ALB 1

Carrier: FedEx() UPS() Client() Field Services() Other(): _____

- | | | | |
|---|---|--|---|
| After-Hours Receipt? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Shipping container in good condition? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Not Present <input type="checkbox"/> |
| Custody seals intact on cooler? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not Present <input checked="" type="checkbox"/> |
| Custody seals intact on samples? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not Present <input checked="" type="checkbox"/> |
| Chain of custody present? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Chain of custody includes proper client information? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Chain of custody includes proper collection information and signatures? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Chain of custody includes dates and times of sample collection? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Chain of custody includes proper sample descriptions? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Chain of custody agrees with sample labels? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Chain of custody identifies proper sample matrix? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Chain of custody identifies proper number of samples? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Chain of custody includes required analysis? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Chain of custody signed when relinquished and received? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Samples are in proper containers/bottles? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Sample containers are intact? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Sufficient sample volume collected for requested analysis? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| VOA vials for aqueous samples have zero headspace? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not Present <input checked="" type="checkbox"/> |
| Samples received within holding times? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Samples received on ice? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Sample properly preserved? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |

If No, adjusted by? _____ Date/Time: _____

Remarks: _____

ANY "NO" EVALUATION REQUIRES CLIENT NOTIFICATION (excluding After-Hours Receipt).

Comments: _____