

# ALS Laboratory Group -- FC

## Sample Number(s) Cross-Reference Table

Paragon OrderNum: 0911225

Client Name: Cabrera Services Inc.

Client Project Name: Forest Glen Rad Scoping Survey

Client Project Number:

Client PO Number:

Client Sample Number	Lab Sample Number	COC Number	Matrix	Date Collected	Time Collected
SU01-01	0911225-1		WIPE	17-Nov-09	9:00
SU01-01-DUP	0911225-2		WIPE	17-Nov-09	9:05
SU01-02	0911225-3		WIPE	17-Nov-09	9:10
SU01-03	0911225-4		WIPE	17-Nov-09	9:15
SU01-04	0911225-5		WIPE	17-Nov-09	9:20
SU01-05	0911225-6		WIPE	17-Nov-09	9:25
SU01-06	0911225-7		WIPE	17-Nov-09	9:30
SU01-06-DUP	0911225-8		WIPE	17-Nov-09	9:35
SU01-07	0911225-9		WIPE	17-Nov-09	9:40
SU01-08	0911225-10		WIPE	17-Nov-09	9:45
SU01-09	0911225-11		WIPE	17-Nov-09	9:50
SU01-10	0911225-12		WIPE	17-Nov-09	9:55
SU01-11	0911225-13		WIPE	17-Nov-09	10:00
SU01-12	0911225-14		WIPE	17-Nov-09	10:05
SU01-12-DUP	0911225-15		WIPE	17-Nov-09	10:10
SU01-13	0911225-16		WIPE	17-Nov-09	10:15
SU01-14	0911225-17		WIPE	17-Nov-09	10:20
SU01-15	0911225-18		WIPE	17-Nov-09	10:25
SU01-16	0911225-19		WIPE	17-Nov-09	10:30
SU01-17	0911225-20		WIPE	17-Nov-09	10:35



Project Name / No.: Forest Glen Rad Scoping Survey **Sampler(s):** KK, AC, MB, AW **Turnaround Standard or Rush (Due)** **Dispose of Return to Client**

**Report To:** Michael Barsa  
**Phone:** 410-332-8177  
**Fax:** 410-332-8183  
**Company:** Cabrera Services  
**Address:** 103 E. Mount Royal Ave, Suite 2B  
 Baltimore, MD 21202

Sample ID	Date	Time *	circle method or specify under comments		No. of Containers
			Lab ID	Matrix	
SU01-09	11/17/09	9:50	(11)	SM	1
SU01-10	11/17/09	9:55	(11)	SM	1
SU01-11	11/17/09	10:00	(12)	SM	1
SU01-12	11/17/09	10:05	(14)	SM	1
SU01-12-DUP	11/17/09	10:10	(15)	SM	1
SU01-13	11/17/09	10:15	(16)	SM	1
SU01-14	11/17/09	10:20	(17)	SM	1
SU01-15	11/17/09	10:25	(18)	SM	1
SU01-16	11/17/09	10:30	(19)	SM	1
SU01-17	11/17/09	10:35	(20)	SM	1

Total number of containers: 10

**Comments:**  
 08-3800.04, Task 2  
 WRAMC Forest Glen Annex Radiological Survey  
 SM=Smear

H-3 via Liquid Scintillation E906.0

**Relinquished By:** (1) Signature Michael Barsa Printed Name Michael Barsa Date 11/20 Time 1400 Company Cabrera

**Relinquished By:** (2) Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Company \_\_\_\_\_

**Received By:** (1) Signature John Schmitt Printed Name John Schmitt Date 11/23/09 Time 0915 Company ALS

**Received By:** (2) Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Company \_\_\_\_\_

\* Time Zone (circle one): **EDT** MDT PDT  
 \*\* Indicate specific analytes under comments.  
 Form 2024.xls (1/3/01)  
 Distribution: white / yellow (Paragon); pink retained by originator.



CONDITION OF SAMPLE UPON RECEIPT FORM

Client: CABRERIA

Workorder No: 0911225

Project Manager: LRS

Initials: LAS Date: 11/23/09

1. Does this project require any special handling in addition to standard Paragon procedures?		YES	<input checked="" type="radio"/> NO
2. Are custody seals on shipping containers intact?	NONE	<input checked="" type="radio"/> YES	NO
3. Are Custody seals on sample containers intact?	<input checked="" type="radio"/> NONE	YES	NO
4. Is there a COC (Chain-of-Custody) present or other representative documents?		<input checked="" type="radio"/> YES	NO
5. Are the COC and bottle labels complete and legible?		<input checked="" type="radio"/> YES	NO
6. Is the COC in agreement with samples received? (IDs, dates, times, no. of samples, no. of containers, matrix, requested analyses, etc.)		<input checked="" type="radio"/> YES	NO
7. Were airbills / shipping documents present and/or removable?	DROP OFF	<input checked="" type="radio"/> YES	NO
8. Are all aqueous samples requiring preservation preserved correctly? (excluding volatiles)	<input checked="" type="radio"/> N/A	YES	NO
9. Are all aqueous non-preserved samples pH 4-9?	<input checked="" type="radio"/> N/A	YES	NO
10. Is there sufficient sample for the requested analyses?		<input checked="" type="radio"/> YES	NO
11. Were all samples placed in the proper containers for the requested analyses?		<input checked="" type="radio"/> YES	NO
12. Are all samples within holding times for the requested analyses?		<input checked="" type="radio"/> YES	NO
13. Were all sample containers received intact? (not broken or leaking, etc.)		<input checked="" type="radio"/> YES	NO
14. Are all samples requiring no headspace (VOC, GRO, RSK/MEE, Rx CN/S, radon) headspace free? Size of bubble: _____ < green pea _____ > green pea	<input checked="" type="radio"/> N/A	YES	NO
15. Do perchlorate LCMS-MS samples have headspace? (at least 1/3 of container required)	<input checked="" type="radio"/> N/A	YES	NO
16. Were samples checked for and free from the presence of residual chlorine? (Applicable when PM has indicated samples are from a chlorinated water source; note if field preservation with sodium thiosulfate was not observed.)	<input checked="" type="radio"/> N/A	YES	NO
17. Were the samples shipped on ice?		YES	<input checked="" type="radio"/> NO
18. Were cooler temperatures measured at 0.1-6.0°C? IR gun used*: <input checked="" type="radio"/> #2 #4		RAD ONLY	YES <input checked="" type="radio"/> NO
Cooler #: <u>1</u>			
Temperature (°C): <u>Ambient (18.4°)</u>			
No. of custody seals on cooler: <u>2</u>			
DOT Survey/Acceptance Information	External µR/hr reading: <u>10</u>		
	Background µR/hr reading: <u>12</u>		
Were external µR/hr readings ≤ two times background and within DOT acceptance criteria? <input checked="" type="radio"/> YES / NO / NA (If no, see Form 008.)			

Additional Information: PROVIDE DETAILS BELOW FOR A NO RESPONSE TO ANY QUESTION ABOVE, EXCEPT #1 AND #16

\*Samples will be kept cool in house

If applicable, was the client contacted? YES / NO / NA Contact: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Project Manager Signature / Date: [Signature] 11/23/09

\*IR Gun #2: Oakton, SN 29922500201-0066

\*IR Gun #4: Oakton, SN 2372220101-0002

From: Origin ID: ODMA (410) 332-8177  
Mike Barsa  
CABRERA SERVICES  
103 E. Mount Royal Ave  
Ste 2B  
Baltimore, MD 21202



J09300907212023

Ship Date: 20NOV09  
Act/Wgt: 10.0 LB  
CAD: 4239785/INET9090  
Account#: S \*\*\*\*\*

0911225

Delivery Address Bar Code



SHIP TO: (800) 443-1511 BILL SENDER  
Lance Steere  
Paragon Analytics  
225 Commerce Dr.

Ref # 08-3800.04-T2  
Invoice #  
PO #  
Dept #

16

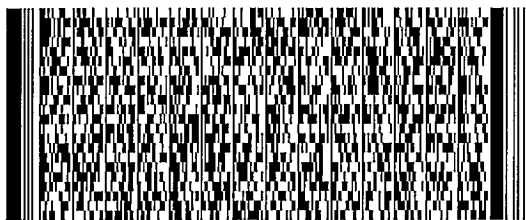
Fort Collins, CO 80524

1 of 2

MON - 23NOV A2

TRK# 7930 3751 2435  
0201  
## MASTER ##

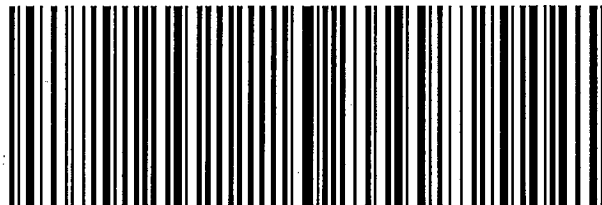
STANDARD OVERNIGHT



XH FTCA

80524  
CO-US  
DEN

2



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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