

ALS Laboratory Group -- FC

Sample Number(s) Cross-Reference Table

Paragon OrderNum: 0911226

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
SU01-18	0911226-1		WIPE	17-Nov-09	10:40
SU01-19	0911226-2		WIPE	17-Nov-09	10:45
SU01-20	0911226-3		WIPE	17-Nov-09	10:50
SU01-21	0911226-4		WIPE	17-Nov-09	10:55
SU01-22	0911226-5		WIPE	17-Nov-09	11:00
SU01-23	0911226-6		WIPE	17-Nov-09	11:05
SU01-24	0911226-7		WIPE	17-Nov-09	11:10
SU01-25	0911226-8		WIPE	17-Nov-09	11:15
SU01-26	0911226-9		WIPE	17-Nov-09	11:20
SU01-27	0911226-10		WIPE	17-Nov-09	11:25
SU01-28	0911226-11		WIPE	17-Nov-09	11:30
SU01-29	0911226-12		WIPE	17-Nov-09	11:35
SU01-30	0911226-13		WIPE	17-Nov-09	11:40
SU01-BIAS	0911226-14		WIPE	17-Nov-09	11:45
SU02-31	0911226-15		WIPE	17-Nov-09	9:00
SU02-32	0911226-16		WIPE	17-Nov-09	9:05
SU02-33	0911226-17		WIPE	17-Nov-09	9:10
SU02-34	0911226-18		WIPE	17-Nov-09	9:15
SU02-35	0911226-19		WIPE	17-Nov-09	9:20
SU02-36	0911226-20		WIPE	17-Nov-09	9:25

0911226

Chain-of-Custody

Turnaround Standard or Rush (Due-) Dispose Return to Client

Sampler(s): KK, AC, MB, AW (circle one)

Project Name / No.: Forest Glen Rad Scoping Survey

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

circle method or specify under comments

Sample ID	Date	Time*	Lab ID	Matrix	No. of Containers	H-3 via Liquid Scintillation E906.0
SU01-18	11/17/09	10:40	①	SM	1	X
SU01-19	11/17/09	10:45	②	SM	1	X
SU01-20	11/17/09	10:50	③	SM	1	X
SU01-21	11/17/09	10:55	④	SM	1	X
SU01-22	11/17/09	11:00	⑤	SM	1	X
SU01-23	11/17/09	11:05	⑥	SM	1	X
SU01-24	11/17/09	11:10	⑦	SM	1	X
SU01-25	11/17/09	11:15	⑧	SM	1	X
SU01-26	11/17/09	11:20	⑨	SM	1	X
SU01-27	11/17/09	11:25	⑩	SM	1	X

Comments: 09-3800.04, Task 2
WRAMC Forest Glen Annex Radiological Survey
SM=Smear

Total number of containers: 10

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 Lauren Schwitz
Printed Name Lauren Schwitz
Date 11/23/09 Time 0915
Company ALS

Received By: (2)
Signature _____
Printed Name _____
Date _____ Time _____
Company _____

Form 202-4.xls (1/3/01)

0911226

ALS Laboratory Group

Chain-of-Custody

Project Name / No.: Forest Glen Rad Scoping Survey
 Sampler(s): KK, AC, MB, AW (circle one) Turnaround Standard or Rush (Due) Dispose or 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	
SU01-28	11/17/09	11:30	11	SM	1
SU01-29	11/17/09	11:35	12	SM	1
SU01-30	11/17/09	11:40	13	SM	1
SU01-BIAS	11/17/09	11:45	14	SM	1
SU02-31	11/17/09	9:00	15	SM	1
SU02-32	11/17/09	9:05	16	SM	1
SU02-33	11/17/09	9:10	17	SM	1
SU02-34	11/17/09	9:15	18	SM	1
SU02-35	11/17/09	9:20	19	SM	1
SU02-36	11/17/09	9:25	20	SM	1

Matrix: H-3 via Liquid Scintillation E906.0

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

Total number of containers: 10

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: Lauren Schwartz
 Printed Name: Lauren Schwartz
 Date: 11/23/09 Time 0915
 Company: ALS

Received By: (2)
 Signature: _____
 Printed Name: _____
 Date: _____ Time: _____
 Company: _____



CONDITION OF SAMPLE UPON RECEIPT FORM

Client: Cabrera

Workorder No: 0911226

Project Manager: LRS

Initials: LRS 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>			
External µR/hr reading: <u>16</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 cooled in-house

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

Project Manager Signature / Date: MA abalos

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

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

0911226

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



Ship Date: 20NOV09
ActWgt: 10.0 LB
CAD: 4239785/NET9090
Account#: S *****

Delivery Address Bar Code



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

16

SHIP TO: (800) 443-1511 BILL SENDER

Lance Steere
Paragon Analytics
225 Commerce Dr.

Fort Collins, CO 80524

1 of 2

MON - 23NOV

A2

TRK# 7930 3751 2435
0201

STANDARD OVERNIGHT

MASTER

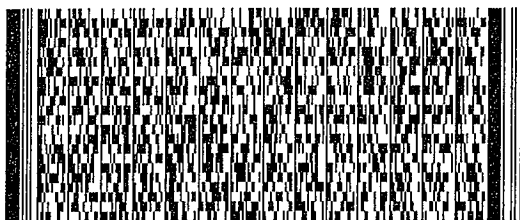
80524

CO-US

DEN

2

XH FTCA



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.
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