

ALS Laboratory Group -- FC

Sample Number(s) Cross-Reference Table

Paragon OrderNum: 0911227

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
SU02-37	0911227-1		WIPE	17-Nov-09	9:30
SU02-37-DUP	0911227-2		WIPE	17-Nov-09	9:35
SU02-38	0911227-3		WIPE	17-Nov-09	9:40
SU02-38-DUP	0911227-4		WIPE	17-Nov-09	9:45
SU02-39	0911227-5		WIPE	17-Nov-09	9:50
SU02-40	0911227-6		WIPE	17-Nov-09	9:55
SU02-41	0911227-7		WIPE	17-Nov-09	10:00
SU02-42	0911227-8		WIPE	17-Nov-09	10:05
SU02-43	0911227-9		WIPE	17-Nov-09	10:10
SU02-44	0911227-10		WIPE	17-Nov-09	10:15
SU02-45	0911227-11		WIPE	17-Nov-09	10:20
SU02-46-DUP	0911227-12		WIPE	17-Nov-09	10:25
SU02-47	0911227-13		WIPE	17-Nov-09	10:30
SU02-48	0911227-14		WIPE	17-Nov-09	10:35
SU02-49	0911227-15		WIPE	17-Nov-09	10:40
SU02-50	0911227-16		WIPE	17-Nov-09	10:45
SU02-51	0911227-17		WIPE	17-Nov-09	10:50
SU02-52	0911227-18		WIPE	17-Nov-09	10:55
SU02-53	0911227-19		WIPE	17-Nov-09	11:00
SU02-54	0911227-20		WIPE	17-Nov-09	11:05
SU02-46	0911227-21		WIPE	17-Nov-09	

0911227

ALS Laboratory Group

Chain-of-Custody

Project Name / No.: Forest Glen Rad Scoping Survey		Sampler(s): KK, AC, MB, AW		Turnaround Standard or Rush (Date):		Dispose <input checked="" type="checkbox"/> Return to Client	
Report To: Michael Barsa 410-332-8177 410-332-8183		Company: Cabrera Services 103 E. Mount Royal Ave, Suite 2B Baltimore, MD 21202		H-3 via Liquid Scintillation #1906.0			
Sample ID	Date	Time *	Lab ID	Matrix	No. of Containers	circle method or specify under comments	
SU02-37	11/17/09	9:30	①	SM	1	X	
SU02-37-DUP	11/17/09	9:35	②	SM	1	X	
SU02-38	11/17/09	9:40	③	SM	1	X	
SU02-38-DUP	11/17/09	9:45	④	SM	1	X	
SU02-39	11/17/09	9:50	⑤	SM	1	X	
SU02-40	11/17/09	9:55	⑥	SM	1	X	
SU02-41	11/17/09	10:00	⑦	SM	1	X	
SU02-42	11/17/09	10:05	⑧	SM	1	X	
SU02-43	11/17/09	10:10	⑨	SM	1	X	
SU02-44	11/17/09	10:15	⑩	SM	1	X	
Comments: 08-3800.04, Task 2		WRAMC Forest Glen Annex Radiological Survey		SM=Smear		Total number of containers: 10	
Reinquired By: <u>Angela M. Am</u>		Signature: <u>Michael Barsa</u>		Date: <u>11/20</u> Time: <u>1400</u>		Company: <u>Cabrera</u>	
Reinquired By: _____		Signature: _____		Date: _____ Time: _____		Company: _____	
Received By: <u>Angela M. Am</u>		Signature: <u>Lauren Schmitz</u>		Date: <u>11/23/09</u> Time: <u>0915</u>		Company: <u>ALS</u>	
Received By: _____		Signature: _____		Date: _____ Time: _____		Company: _____	

Form 2024.xls (1/3/01)

* Time Zone (circle one): EDT ODT MDT PDT ** Indicate specific analytes under comments.

Distribution: white / yellow (Paragon); pink retained by originator.

ALS Laboratory Group

225 Commerce Drive Fort Collins, CO 80524
 800-443-1511 or (970) 490-1511 (970) 490-1522 Fax

Chain-of-Custody

Accession Number (LAB ID) 0911227

Date 11/20/09 Page 6 of 11

Project Name / No.:		Forest Glen Rad Scoping Survey		Sampler(s):		KK, AC, MB, AW (circle one)		Turnaround Standard or Resub (Date)		Dispose or Return to Client	
Sample ID	Date	Time *	Lab ID	Matrix	No. of Containers	circle method or specify under comments					
SU02-45	11/17/09	10:20	(1)	SM	1	H-3 via Liquid Scintillation F906.0					
SU02-46-DUP	11/17/09	10:25	(2)	SM	1						
SU02-47	11/17/09	10:30	(3)	SM	1						
SU02-48	11/17/09	10:35	(4)	SM	1						
SU02-49	11/17/09	10:40	(5)	SM	1						
SU02-50	11/17/09	10:45	(6)	SM	1						
SU02-51	11/17/09	10:50	(7)	SM	1						
SU02-52	11/17/09	10:55	(8)	SM	1						
SU02-53	11/17/09	11:00	(9)	SM	1						
SU02-54	11/17/09	11:05	(10)	SM	1						

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

Total number of containers: 10

Relinquished By: (1)	Relinquished By: (2)
Signature <u>Michael Barsa</u>	Signature _____
Printed Name <u>Michael Barsa</u>	Printed Name _____
Date <u>11/20</u> Time <u>1400</u>	Date _____ Time _____
Company <u>Cabrera</u>	Company _____
Received By: (1)	Received By: (2)
Signature <u>[Signature]</u>	Signature _____
Printed Name <u>LAUREN SCHMITZ</u>	Printed Name _____
Date <u>11/23/09</u> Time <u>0815</u>	Date _____ Time _____
Company <u>ALS</u>	Company _____

Form 2024.xls (1/3/01)

* Time Zone (circle one): EDT MDT PDT ** Indicate specific analytes under comments. Distribution: white / yellow (Paragon); pink retained by originator.



CONDITION OF SAMPLE UPON RECEIPT FORM

Client: Cabrera

Workorder No: 0911227

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	<input checked="" type="radio"/> 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 <input checked="" type="radio"/>
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>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 <input type="radio"/> NO <input type="radio"/> 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

@* an extra sample was recieved → (S002-46 from 11/17) and was not marked on COC → added as sample #21

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

Project Manager Signature / Date: [Signature] 11/24/09

*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



J08200907312023

Ship Date: 20NOV09
ActWgt: 10.0 LB
CAD: 4239785/INET9090
Account#: S *****

0911227

Delivery Address Bar Code



SHIP TO: (800) 443-1511 BILL SENDER

Lance Steere
Paragon Analytics
225 Commerce Dr.

Fort Collins, CO 80524

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

16

1 of 2

MON - 23NOV

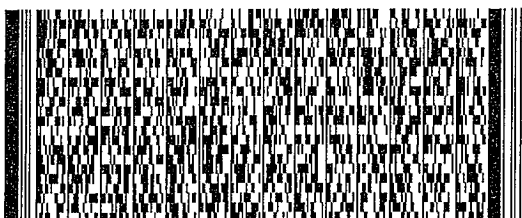
A2

STANDARD OVERNIGHT

TRK# 7930 3751 2435

0201

MASTER



XH FTCA

80524
CO-US
DEN

2



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