

ALS Laboratory Group -- FC

Sample Number(s) Cross-Reference Table

Paragon OrderNum: 0911228

Client Name: Cabrera Services Inc.

Client Project Name: Forest Glen Rad Scoping Survey

Client Project Number: 08-3800.04

Client PO Number:

Client Sample Number	Lab Sample Number	COC Number	Matrix	Date Collected	Time Collected
SU02-55	0911228-1		WIPE	17-Nov-09	11:10
SU02-56	0911228-2		WIPE	17-Nov-09	11:15
SU02-57	0911228-3		WIPE	17-Nov-09	11:20
SU02-58	0911228-4		WIPE	17-Nov-09	11:25
SU02-59	0911228-5		WIPE	17-Nov-09	11:30
SU02-60	0911228-6		WIPE	17-Nov-09	11:35
SU02-BIAS	0911228-7		WIPE	17-Nov-09	11:40
SU03-61	0911228-8		WIPE	18-Nov-09	10:00
SU03-62	0911228-9		WIPE	18-Nov-09	10:05
SU03-63	0911228-10		WIPE	18-Nov-09	10:10
SU03-64	0911228-11		WIPE	18-Nov-09	10:15
SU03-65	0911228-12		WIPE	18-Nov-09	10:20
SU03-66	0911228-13		WIPE	18-Nov-09	10:25
SU03-67	0911228-14		WIPE	18-Nov-09	10:30
SU03-68	0911228-15		WIPE	18-Nov-09	10:35
SU03-69	0911228-16		WIPE	18-Nov-09	10:40
SU03-70	0911228-17		WIPE	18-Nov-09	10:45
SU03-71	0911228-18		WIPE	18-Nov-09	10:50
SU03-72	0911228-19		WIPE	18-Nov-09	10:55
SU03-73	0911228-20		WIPE	18-Nov-09	11:00

Accession Number (LAB ID) 0911228

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

Chain-of-Custody Date 11/20/09 Page 7 of 11

ALS Laboratory Group

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

circle method or specify under comments

Sample ID	Date	Time *	Lab ID	Matrix	No. of Containers	H-3 via Liquid Scintillation E906.0
SU02-55	11/17/09	11:10	(1) SM	SM	1	X
SU02-56	11/17/09	11:15	(2) SM	SM	1	X
SU02-57	11/17/09	11:20	(3) SM	SM	1	X
SU02-58	11/17/09	11:25	(4) SM	SM	1	X
SU02-59	11/17/09	11:30	(5) SM	SM	1	X
SU02-60	11/17/09	11:35	(6) SM	SM	1	X
SU02-BIAS	11/17/09	11:40	(7) SM	SM	1	X
SU03-61	11/18/09	10:00	(8) SM	SM	1	X
SU03-62	11/18/09	10:05	(9) SM	SM	1	X
SU03-63	11/18/09	10:10	(10) SM	SM	1	X

Comments: 08-3800.04, 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 Schmitt
Printed Name: Lauren Schmitt
Date: 11/23/09 Time: 0915
Company: _____

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

Form 2024.xls (1/3/01)

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

circle method or specify under comments

Sample ID	Date	Time*	Lab ID	Matrix	No. of Containers	H-3 via Liquid Scintillation E906.0	Turnaround Standard or Rush (Due-)	Dispose or Return to Client
SU03-64	11/18/09	10:15	(11)	SM	1	X		
SU03-65	11/18/09	10:20	(12)	SM	1	X		
SU03-66	11/18/09	10:25	(13)	SM	1	X		
SU03-67	11/18/09	10:30	(14)	SM	1	X		
SU03-68	11/18/09	10:35	(15)	SM	1	X		
SU03-69	11/18/09	10:40	(16)	SM	1	X		
SU03-70	11/18/09	10:45	(17)	SM	1	X		
SU03-71	11/18/09	10:50	(18)	SM	1	X		
SU03-72	11/18/09	10:55	(19)	SM	1	X		
SU03-73	11/18/09	11:00	(20)	SM	1	X		

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

Total number of containers: 10

Relinquished By: (1) Signature <u>Michael Barsa</u> Printed Name <u>Michael Barsa</u> Date <u>11/20</u> Time <u>1400</u> Company <u>Cabrera</u>	Relinquished By: (2) Signature _____ Printed Name _____ Date _____ Time _____ Company _____
Received By: (1) Signature <u>Laura Schmitt</u> Printed Name <u>Laura Schmitt</u> Date <u>11/23/09</u> Time <u>0915</u> Company <u>ALS</u>	Received By: (2) Signature _____ Printed Name _____ Date _____ Time _____ Company _____

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

* Time Zone (circle one): EDT CDT 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: 0911228

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>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: [Signature] 11/24/09

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

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

0911228

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/INET9090
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

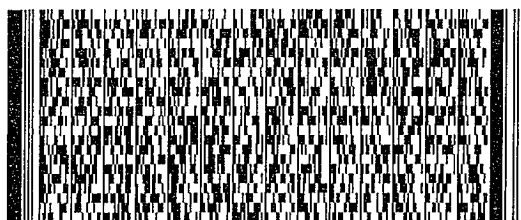
MON - 23NOV

A2

TRK# 7930 3751 2435
0201

STANDARD OVERNIGHT

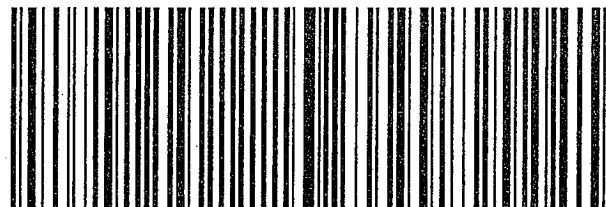
MASTER



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.
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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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