

ALS Laboratory Group -- FC

Sample Number(s) Cross-Reference Table

Paragon OrderNum: 0911229

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
SU03-74	0911229-1		WIPE	18-Nov-09	11:05
SU03-75	0911229-2		WIPE	18-Nov-09	11:10
SU03-76	0911229-3		WIPE	18-Nov-09	11:15
SU03-77	0911229-4		WIPE	18-Nov-09	11:20
SU03-78	0911229-5		WIPE	18-Nov-09	11:25
SU03-79	0911229-6		WIPE	18-Nov-09	11:30
SU03-80	0911229-7		WIPE	18-Nov-09	11:35
SU03-81	0911229-8		WIPE	18-Nov-09	11:40
SU03-82	0911229-9		WIPE	18-Nov-09	11:45
SU03-83	0911229-10		WIPE	18-Nov-09	11:50
SU03-83-DUP	0911229-11		WIPE	18-Nov-09	11:55
SU03-84	0911229-12		WIPE	18-Nov-09	12:00
SU03-85	0911229-13		WIPE	18-Nov-09	12:05
SU03-85-DUP	0911229-14		WIPE	18-Nov-09	12:10
SU03-86	0911229-15		WIPE	18-Nov-09	12:15
SU03-86-DUP	0911229-16		WIPE	18-Nov-09	12:20
SU03-87	0911229-17		WIPE	18-Nov-09	12:25
SU03-88	0911229-18		WIPE	18-Nov-09	12:30
SU03-89	0911229-19		WIPE	18-Nov-09	12:35
SU03-90	0911229-20		WIPE	18-Nov-09	12:40
SU03-BIAS	0911229-21		WIPE	18-Nov-09	12:45

0911229

ALS Laboratory Group

Chain-of-Custody

Project Name / No.:		Forest Glen Rad Scoping Survey		Sampler(s):		KK, AC, MB, AW		Turnaround Standard or Rush (Blue)		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 *	Lab ID	Matrix	No. of Containers	circle method or specify under comments					
SU03-74	11/18/09	11:05	① SM		1						
SU03-75	11/18/09	11:10	② SM		1						
SU03-76	11/18/09	11:15	③ SM		1						
SU03-77	11/18/09	11:20	④ SM		1						
SU03-78	11/18/09	11:25	⑤ SM		1						
SU03-79	11/18/09	11:30	⑥ SM		1						
SU03-80	11/18/09	11:35	⑦ SM		1						
SU03-81	11/18/09	11:40	⑧ SM		1						
SU03-82	11/18/09	11:45	⑨ SM		1						
SU03-83	11/18/09	11:50	⑩ SM		1						
Comments:						Total number of containers: 10					
08-3800.04, Task 2											
WRAMC Forest Glen Annex Radiological Survey											
SM=Smeared											
Relinquished By: (1)						Relinquished By: (2)					
Signature: <i>Michael Barsa</i>						Signature: _____					
Printed Name: Michael Barsa						Printed Name: _____					
Date: 11/20						Date: _____					
Time: 1:00						Time: _____					
Company: Cabrera						Company: _____					
Received By: (1)						Received By: (2)					
Signature: <i>Anna Schmitt</i>						Signature: _____					
Printed Name: Anna Schmitt						Printed Name: _____					
Date: 11/23/09						Date: _____					
Time: 09:15						Time: _____					
Company: ALS						Company: _____					

Form 202r4.xls (1/3/01)

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

0911229

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 Baisa
 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	
SU03-83-DUP	11/18/09	11:55	11	SM	1
SU03-84	11/18/09	12:00	12	SM	1
SU03-85	11/18/09	12:05	13	SM	1
SU03-85-DUP	11/18/09	12:10	14	SM	1
SU03-86	11/18/09	12:15	15	SM	1
SU03-86-DUP	11/18/09	12:20	16	SM	1
SU03-87	11/18/09	12:25	17	SM	1
SU03-88	11/18/09	12:30	18	SM	1
SU03-89	11/18/09	12:35	19	SM	1
SU03-90	11/18/09	12:40	20	SM	1

Comments: 08-3800.04, Task 2
 WRAMC Forest Glen Annex Radiological Survey
 SM=Smeat
 Total number of containers: 10
 Relinquished By: (1) Signature: Michael Baisa Printed Name: Michael Baisa Date: 11/20 Time: 1400 Company: Cabrera
 Relinquished By: (2) Signature: _____ Printed Name: _____ Date: _____ Time: _____ Company: _____
 Received By: (1) Signature: Lauren Schmitz Printed Name: Lauren Schmitz Date: 11/23/09 Time: 0915 Company: ALS
 Received By: (2) Signature: _____ Printed Name: _____ Date: _____ Time: _____ Company: _____

Chain-of-Custody

Project Name / No.: **Forest Glen Rad Scoping Survey**
 Sampler(s): **KK, AC, MB, AW** 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	H-3 via Liquid Scintillation E906.0																														
SU03-BIAS	11/18/09	12:45				1	23	SM	X																														
									X																														
									X																														
									X																														
									X																														
									X																														
									X																														
									X																														
									X																														
									X																														

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

Total number of containers: **1**

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

Form 202/4.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.



CONDITION OF SAMPLE UPON RECEIPT FORM

Client: Cabrera

Workorder No: 0911229

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

10 Samples will be cooled in-house

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

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

*IR Gun #2: Oakton, SN 29922500201-0066 *IR Gun #4: Oakton, SN 2372220101-0002

0911229

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

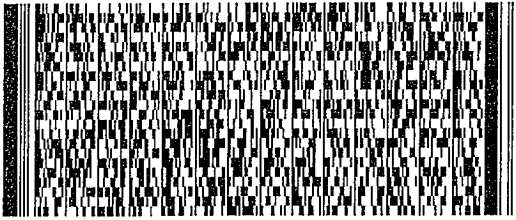
1 of 2

MON - 23NOV A2

TRK# 7930 3751 2435
0201

STANDARD OVERNIGHT

MASTER



XH FTCA

80524
CO-US
DEN

2



After printing this label:

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