

ALS Laboratory Group -- FC

Sample Number(s) Cross-Reference Table

Paragon OrderNum: 0912056

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-BIAS-02	0912056-1		WIPE	18-Nov-09	12:50
SU03-BIAS-03	0912056-2		WIPE	18-Nov-09	12:55

ALS Laboratory Group

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

Sampler(s): KK, AC, MB, AW (circle one) Turnaround: Standard or Rush (Due-) Dispose of Return to Client

Turnaround: Standard or Rush (Due-)

Sample ID	Date	Time *	Lab ID	Matrix	No. of Containers	circle method or specify under comments															
SU03-BIAS-02	11/18/09	12:50	(1)	SM	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SU03-BIAS-03	11/18/09	12:55	(2)	SM	1	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Comments:
 08-3800.04, Task 2
 WRAMC Forest Glen Annex Radiological Survey
 SM=Smeat
 Additional bias samples collected 11/18, held until necessity of analysis was determined
 Submitted to lab - **12/4/2009**

Total number of containers: 2

Relinquished By: (1) *[Signature]*
 Signature
 Printed Name: Michael Barsa
 Date: 12/1/09 Time: 1400
 Company: Cabrera

Relinquished By: (2) *[Signature]*
 Signature
 Printed Name: _____
 Date: _____ Time: _____
 Company: _____

Received By: (1) *[Signature]*
 Signature
 Printed Name: Cheryl Trumbull
 Date: 12-7-09 Time: 1140
 Company: ALS

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



CONDITION OF SAMPLE UPON RECEIPT FORM

Client: Cabrera

Workorder No: 0912056

Project Manager: LS

Initials: CDT Date: 12-7-09

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*: #2 #4		RAD ONLY	YES <input checked="" type="radio"/> NO
Cooler #: <u>1</u>			
Temperature (°C): <u>11.2</u>			
No. of custody seals on cooler: <u>1</u>			
DOT Survey/Acceptance Information	External µR/hr reading: <u>12</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

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

Project Manager Signature / Date: [Signature] 12/7/09

*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



J09300907312023

Ship Date: 04DEC09
ActWgt: 2.0 LB
CAD: 4239785/NET9090
Account#: S *****

Delivery Address Bar Code



Ref # 08-3800.04, Task 200
Invoice #
PO #
Dept #

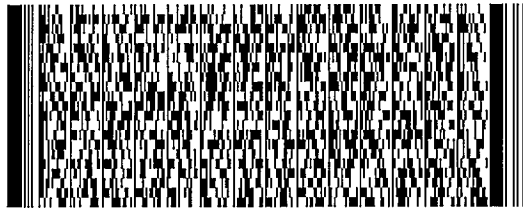
12
11

SHIP TO: (970) 490-1511 BILL SENDER
Lance Steere
ALS-Paragon
225 COMMERCE DR

FORT COLLINS, CO 80524

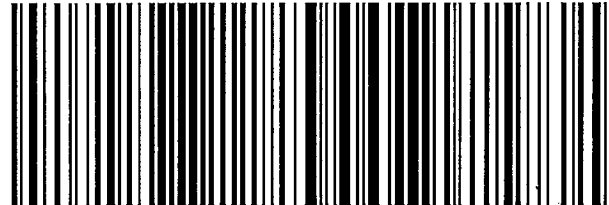
MON - 07DEC A2
STANDARD OVERNIGHT

TRK# 7981 9299 5533
0201



XH FTCA

80524
CO-US
DEN



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.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.