ANALYTICAL REQUEST FORM

ALS Laboratory Group
ANALYTICAL CHEMISTRY & TESTING SERVICES

1. ☐ REGULAR Status

☒ RUSH Status Requested - ADDITIONAL CHARGE
RESULTS REQUIRED BY 2PM 4/20/2023 (DATE)
CONTACT ALS DATACHEM PRIOR TO SENDING SAMPLES

2. Date 04/19/2023 Purchase Order No. _____

3. Company Name Tetra Tech - Chicago
Address 15 Wacker Dr. - 37th Fl
Chicago, IL 60606
Person to Contact Bruce Welch
Telephone [redacted]
Fax Telephone _____
E-mail Address [redacted]
Billing Address Same as above

4. Quote No. ALS-100 Mod.1
ALS Project Manager Danielle Strasinger

5. Sample Collection
Sampling Site Richmond Industrial Fire
Industrial Process _____
Date of Collection 04/19/2023
Time Collected _____
Date of Shipment _____
Chain of Custody No _____

23040743

6. REQUEST FOR ANALYSES

Laboratory Use Only	Client Sample Number	Matrix*	Sample Volume	ANALYSES REQUESTED - Use method number if known	Units**
-01	RIF-PA01-HV-20230419-a	A	4617.46 L	NIOSH 7402 VOID	
02	RIF-PA01-LV-20230419-a		1365.06 L		
~~03~~	~~RIF-PA01-HV-20230419-b~~			~~cancelled/voided RIF-PA01-LV-20230419-b~~	
03 PA03	RIF-PA01-LV-20230419-b		1392.84 L		
04 PA02	RIF-PA02-HV-20230419		5360.23 L		
05 PA06	RIF-PA03-LV-20230419		1414.73 L		
06 PA07	RIF-PA03-HV-20230419		4536.42 L		
07 PA08	RIF-PA03-LV-20230419		1458.80 L		
08 PA09	RIF-PA04-HV-20230419		4379.48 L		
09 PA10	RIF-PA04-LV-20230419		1317.29 L		
10 PA11	RIF-ULW01-HV-20230419		3783.81 L		

* Specify: Solid sorbent tube, e.g. Charcoal; Filter type; Impinger solution; Bulk sample; Blood; Urine; Tissue; Soil; Water; Other

** 1. mg/sample 2. mg/m^3 3. ppm 4. % 5. _____ (other) Please indicate one or more units in the column entitled Units**

Comments _____

Possible Contamination and/or Chemical Hazards _____

Relinquished by Sydra Parker Date/Time 4/20/23
Received by Danielle Hoxell ALS Date/Time 4/20/23 @ 6:45 AM
Relinquished by _____ Date/Time _____
Received by _____ Date/Time _____
Relinquished by _____ Date/Time _____
Received by _____ Date/Time _____

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ALS Project Manager Danielle Strasinger

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11	RIF-UW01-LV-20230419	A	1512.77 L	NIOSH 7402	
12	RIF-CA02-HV-20230419		4868.85 L	↓	
13	RIF-CA02-HV-20230419		4092.48 L		
14	RIF-LB01-AB2-20230419		986.05 L	↓	
15	RIF-LB02-AB2-20230419		983.15 L	NIOSH 7400	
16	RIF-LB01-CB2-20230419		1000.99 L	NIOSH 7402	
17	Equipment Blank-20230419			↓	
18	Lot Blank-20230419	↓			

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4388 Glendale Milford Rd, Cincinnati, OH 45242 800-280-8071 or 800-458-1943 / FAX: 513-733-5347
ALS Laboratory Group