

## Analytical Balance 🦱 BAL Laboratory 🦱

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185 Frances Avenue, Cranston, RI 02910				Turn Time (Days) ☐ Standard ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ SameDay						F	PAYM	ENT		_			DELIV		RABLES (Final Reports are PDF)					
Phone: 401-785-0241 Fax: 401-785-2				37Regulatory State: Criteria:						Amount \$						☐ EQuIS				☐ State Upload				
www.ballaboratory.com				PROJECT TYPE						Check #						☐ Enviro Data				☐ CLP-Like Package				
				□CTRCP □ MAI	□ CT RCP □ MA MCP □ RGP □ Permit □ 401 WQ □ Drinking Water V MC D AmEx Cash □ Other (Specify) →																			
CLIENT INFORMATION				PROJECT INFORMATION						REQUESTED ANALYSES														
Client: Company / Customer Name				Project Name: Specify Specific Project Name																				
Address:				Project Location: Provide for ongoing projects of chief acknowledges																		ø		
				Project Number: appear on COA that sampling is																		i i		
Phone: Cell:			Project Manager: Point of Contact for Project compliant with all EPA / State regulatory						ğ												Ä			
Persons Authorized				Bill to: programs.					Analysis	ste												ero		
to Receive				PO#:						ĕ												重		
Data:			Quote#:					List ,	Requeste												Ž			
Laboratory ID	Collection Date	Collection Time	Sample Type	Sample Matrix	Sample Matrix Sample ID																	Total Number of Bottles		
	\			/ Name to appear on certificate of analysis					X															
	Required information comple			ted by sampler																				
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										_	rec	que	este	d fo	r									
Container Type: AC-Air Cassette AG-Amber				Glass B-BOD Bottle	C-Cubitainer J-Jar	O-Other P-Pol	ly S-Sterile	e V-Vial																
Container Volume: 1-100 mL 2-2.5 gal 3-250				mL 4-300 mL 5-500 i	mL 6-1L 7-VOA	8-2 oz 9-4 oz	10-8 oz	11-Other*																
Preservation Code: 1-Non Preserved 2-HCl 3-H				2SO4 4-HNO3 5-NaOH	6-Methanol 7-Na2S	2O3 8-ZnAce, Na	aOH 9-NH4	4CI 10-DI H2O 11-Other																
							Number	of Bottles per Sample:																
Shipping Conditions (circle one)				Sampled by: Name of sampler																				
Ice Iced Ambient				Comments: * Please specify "Other" preservative and containers types in this space						Chain needs to be filled out neatly and completely for on time delivery.														
Cooler Temperature (°C):										All samples submitted a						are subject to ESS				Dissolved Filtration				
Client approval required for temperature >6°C										Laboratory's paymen					ent terms and				☐ Laboratory Filter					
$\square$ Approved by Client (initials/date $\rightarrow$ )									condition										☐ Field Filter					
Relinquished by (Signature) Date			Time Received By (Signature) Relinquished by (Signature)					Date					Time				Received by (Signature)							
Signature of submitter																								
Relinquished by (Signature) Date			Time	Time Received By (Signature)			Relinquished by (Signature)				Date					Time				Received by (Signature)				
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