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www.esslaboratory.com

Work Order #

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Turn Time (Days) <input type="checkbox"/> Standard <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> SameDay										PAYMENT		ELECTRONIC DELIVERABLES (Final Reports are PDF)	
Regulatory State:										Amount \$ _____		<input type="checkbox"/> EQuIS <input type="checkbox"/> State Upload	
Criteria:										Check # _____		<input type="checkbox"/> Enviro Data <input type="checkbox"/> CLP-Like Package	
PROJECT TYPE													
<input type="checkbox"/> CT RCP <input type="checkbox"/> MA MCP <input type="checkbox"/> RGP <input type="checkbox"/> Permit <input type="checkbox"/> 401 WQ <input type="checkbox"/> Drinking Water										V MC D AmEx Cash		<input type="checkbox"/> Other (Specify) → _____	

CLIENT INFORMATION				PROJECT INFORMATION								REQUESTED ANALYSES																Total Number of Bottles	
Client: _____				Project Name: _____				Client acknowledges that sampling is compliant with all EPA / State regulatory programs.																					
Address: _____				Project Location: _____																									
Phone: _____				Project Number: _____																									
Persons Authorized to Receive Data: _____				Project Manager: _____																									
				Bill to: _____																									
				PO#: _____																									
				Quote#: _____																									
Laboratory ID	Collection Date	Collection Time	Sample Type	Sample Matrix	Sample ID																								
Container Type: AC-Air Cassette AG-Amber Glass B-BOD Bottle C-Cubitainer J-Jar O-Other P-Poly S-Sterile V-Vial																													
Container Volume: 1-100 mL 2-2.5 gal 3-250 mL 4-300 mL 5-500 mL 6-1L 7-VOA 8-2 oz 9-4 oz 10-8 oz 11-Other*																													
Preservation Code: 1-Non Preserved 2-HCl 3-H2SO4 4-HNO3 5-NaOH 6-Methanol 7-Na2S2O3 8-ZnAce, NaOH 9-NH4Cl 10-DI H2O 11-Other																													
Number of Bottles per Sample:																													
Shipping Conditions (circle one)				Sampled by :								Chain needs to be filled out neatly and completely for on time delivery.																	
Ice Iced Ambient Cooler Temperature (°C): _____ Client approval required for temperature >6°C <input type="checkbox"/> Approved by Client (initials/date →)				Comments: * Please specify "Other" preservative and containers types in this space																								All samples submitted are subject to ESS Laboratory's payment terms and conditions.	
												<input type="checkbox"/> Laboratory Filter																	
												<input type="checkbox"/> Field Filter																	
Relinquished by (Signature)				Date		Time		Received By (Signature)				Relinquished by (Signature)				Date				Time				Received by (Signature)					
Relinquished by (Signature)				Date		Time		Received By (Signature)				Relinquished by (Signature)				Date				Time				Received by (Signature)					