



## SAMPLE ACCEPTANCE POLICY

Spectrum Analytical is committed to maintaining the integrity of all samples submitted for laboratory analyses. **All samples submitted must have labels attached to each container identifying the sample ID, site location, and/or project number and the collection date written in indelible ink and also must be accompanied by a Chain of Custody (COC) document.**

Samples may be rejected for any of the following reasons pending client notification:

- Outside surfaces of sample containers have not been properly decontaminated after sample collection.
- There is incomplete or missing documentation.
- The identification of a sample container is questionable or unidentifiable.
- The sample is received outside the holding time for the analysis requested.
- Inadequate sample volume/amount to perform all analyses requested.
- The sample is preserved improperly or in an inappropriate container.
- There are discrepancies between the COC and sample labels..
- VOA vials contain air bubbles of sizes greater than 1% of the vial volume.
- Samples have high levels of polychlorinated dibenzo-*p*-dioxins/dibenzofurans (PSDD/PCDFs) or high levels of gross alpha or beta radiation.

## CHAIN OF CUSTODY RECORD - INSTRUCTIONS

### GENERAL

1. All applicable information must be completed.
2. Shaded fields are for laboratory use only.
3. Forms must be completed legibly and in indelible ink.
4. Any errors must be corrected by a single line strikethrough along with the date and initials of the individual making the correction.

### FORM COMPLETION

4. **Page Numbering** - Enter the total number of pages and the page number of each individual page.
5. **Special Handling** – Turn Around Time (TAT) - Indicate date needed.
6. **Report To** - Enter the company name, address and phone number.
7. **Project Mgr.** - Enter the Project Manager's name.
8. **Invoice To** - Enter the company name, address and phone number.
9. **P.O. No.** - Enter P.O. number or additional information to appear on invoice.
10. **RQN** - List quotation number if applicable.
11. **Project Number/Site Name/Location/State** - Enter project number (if applicable). The project name and location/state must be completed.
12. **Sampler(s)** - Print name(s) of sampler(s) and the organization by which they are employed.
13. **SAMPLE INFORMATION** - It is the intent of this form that each unique sample taken from the same location at the same time be listed per line.
  - a. **Lab Id** - For laboratory use only.
  - b. **Sample Id** - Enter the field sample identification of each unique sample(s).
  - c. **Date and Time** - Enter the date and time sampled. Military time preferred.
  - d. **Type** - Enter whether a grab ("G") or composite ("C") sample.
  - e. **Matrix** - Enter a matrix code (see codes listed on COC).
  - f. **Containers** - Enter number of containers provided under the appropriate container type(s).
  - g. **Analyses** - Specify the test(s) to be requested including any required method number(s).
  - h. **Preservatives** - Enter a preservative code in the cell above the test requested (see codes listed on COC).
  - i. **QA/QC Reporting Notes** – Check appropriate reporting level and indicate and applicable limits to be met. Pertinent remarks about the sample or sample condition may be noted.
14. **REPORT DELIVERY** - Indicate whether results are to be emailed and list email address. Also indicate EDD format if one is needed in addition to PDF of laboratory report.
15. **Condition Upon Receipt** - For laboratory use only.
16. **SIGNATURES FOR CUSTODY PURPOSES** - Use as many lines as necessary to show transfer and receipt of samples.
  - a. **Relinquished by** - Signature of person who relinquishes samples.
  - b. **Received by** - Signature of person who accepts samples.
  - c. **Date/Time** - List date and time of sample transfer.
  - d. **Temp** - Sample temperature will be recorded by laboratory personnel upon sample receipt.