

Sample Receipt Checklist

Client Name: **BIGPINECONSULTANTS**

Date/Time Received: **22-Mar-23 09:00**

Work Order: **23031791**

Received by: **KRW**

Checklist completed by Keith Wierenga 22-Mar-23
eSignature Date

Reviewed by: Jodi Blouw 23-Mar-23
eSignature Date

Matrices: Water

Carrier name: FedEx

Shipping container/cooler in good condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Not Present <input type="checkbox"/>
Custody seals intact on shipping container/cooler?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Not Present <input type="checkbox"/>
Custody seals intact on sample bottles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Present <input checked="" type="checkbox"/>
Chain of custody present?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Chain of custody signed when relinquished and received?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Chain of custody agrees with sample labels?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Samples in proper container/bottle?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Sample containers intact?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Sufficient sample volume for indicated test?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
All samples received within holding time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Container/Temp Blank temperature in compliance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Sample(s) received on ice?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Temperature(s)/Thermometer(s):	<input type="text" value="3.9/4.9 C"/>		<input type="text" value="IR3"/>
Cooler(s)/Kit(s):	<input type="text"/>		
Date/Time sample(s) sent to storage:	<input type="text" value="3/22/2023 3:30:19 PM"/>		
Water - VOA vials have zero headspace?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	No VOA vials submitted <input type="checkbox"/>
Water - pH acceptable upon receipt?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
pH adjusted?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
pH adjusted by:	<input type="text"/>		

Login Notes:

Client Contacted: Date Contacted: Person Contacted:

Contacted By: Regarding:

Comments:

CorrectiveAction: