

Report Transmission Cover Page

| | | |
|--------------------------------|----------------------------|-----------------------------|
| Bill To: School District #35 | Project: | Lot ID: 1192146 |
| Report To: School District #35 | ID: | Control Number: C0050099/1 |
| 20260 - 64th Ave | Name: SD#35 Water Sampling | Date Received: Mar 20, 2017 |
| Langley, BC, Canada | Location: | Date Reported: Mar 21, 2017 |
| V3A 4P7 | LSD: | Report Number: 2176166 |
| Attn: Terry Walker | P.O.: | |
| Sampled By: | Acct code: | |
| Company: | | |

| Contact & Affiliation | Address | Delivery Commitments |
|-----------------------|---|---|
| Terry Walker | 20260 - 64th Ave | On [Lot Verification] send |
| School District #35 | Langley, British Columbia V3A 4P7 | (COA) by Email - Single Report |
| | Phone: (604) 534-3294 | On [Report Approval] send |
| | Fax: (604) 534-0841 | (COC, Test Report) by Email - Merge Reports |
| | Email: tewalker@sd35.bc.ca | On [Report Approval] send |
| | | (Test Report) by Email - Single Report |
| | | On [Lot Approval and Final Test Report Approval] send |
| | | (Invoice) by Email - Single Report |

Notes To Clients:

- pH values provided by client.

Analytical Report

Bill To: School District #35
Report To: School District #35
20260 - 64th Ave
Langley, BC, Canada
V3A 4P7
Attn: Terry Walker
Sampled By:
Company:

Project:
ID:
Name: SD#35 Water Sampling
Location:
LSD:
P.O.:
Acct code:

Lot ID: **1192146**
Control Number: C0050099/1
Date Received: Mar 20, 2017
Date Reported: Mar 21, 2017
Report Number: 2176166

| Analyte Description Unit of Measure Nominal Detection Limit | | Lead Element mg/L 0.00001 | | |
|--|---|------------------------------------|-----------------|--------------------|
| Sample Id | Description | Results | Guideline Limit | Guideline Comments |
| 5670728 | Willoughby / Rm 7 / Stagnant / 16 °C / pH= 7.8 | 0.000181 | 0.01 | Below MAC |
| 5670729 | Willoughby / Rm 7 / Flush / 16 °C / pH= 7.8 | 0.000225 | 0.01 | Below MAC |
| 5670730 | Willoughby / Rm 17 / Stagnant / 16 °C / pH= 7.8 | 0.00166 | 0.01 | Below MAC |
| 5670731 | Willoughby / Rm 17 / Flush / 16 °C / pH= 7.8 | 0.000913 | 0.01 | Below MAC |
| 5670732 | Alex Hope / W 16 / Stagnant / 16 °C / pH= 7.6 | 0.000256 | 0.01 | Below MAC |
| 5670733 | Alex Hope / W 16 / Flush / 16 °C / pH= 7.6 | 0.000225 | 0.01 | Below MAC |
| 5670734 | Alex Hope / S 14 / Stagnant / 16 °C / pH= 7.6 | 0.000387 | 0.01 | Below MAC |
| 5670735 | Alex Hope / S 14 / Flush / 16 °C / pH= 7.6 | 0.000627 | 0.01 | Below MAC |
| 5670736 | J. Kennedy / Kindergarten / Stagnant / 16 °C / pH= 7.0 | 0.000583 | 0.01 | Below MAC |
| 5670737 | J. Kennedy / Kindergarten / Flush / 16 °C / pH= 7.0 | 0.000710 | 0.01 | Below MAC |
| 5670738 | J. Kennedy / Rm 108 / Stagnant / 16 °C / pH= 7.0 | 0.000238 | 0.01 | Below MAC |
| 5670739 | J. Kennedy / Rm 108 / Flush / 16 °C / pH= 7.0 | 0.000217 | 0.01 | Below MAC |
| 5670740 | L.F.A / Cafeteria DF / Stagnant / 16 °C / pH= 7.0 | 0.000221 | 0.01 | Below MAC |
| 5670741 | L.F.A / Cafeteria DF / Flush / 16 °C / pH= 7.0 | 0.000202 | 0.01 | Below MAC |
| 5670742 | L.F.A / Rm 104 / Stagnant / 16 °C / pH= 7.0 | 0.000502 | 0.01 | Below MAC |
| 5670743 | L.F.A / Rm 104 / Flush / 16 °C / pH= 7.0 | 0.000429 | 0.01 | Below MAC |
| 5670744 | Fort Langley Elem / Rm 28 / Stagnant / 16 °C / pH= 7.0 | 0.000425 | 0.01 | Below MAC |
| 5670745 | Fort Langley Elem / Rm 28 / Flush / 16 °C / pH= 7.0 | 0.000190 | 0.01 | Below MAC |
| 5670746 | Fort Langley Elem / Rm 2 / Stagnant / 16 °C / pH= 7.0 | 0.000655 | 0.01 | Below MAC |
| 5670747 | Fort Langley Elem / Rm 2 / Flush / 16 °C / pH= 7.0 | 0.000293 | 0.01 | Below MAC |
| 5670748 | Fort Langley Elem / DF Gym / Stagnant / 16 °C / pH= 7.0 | 0.00171 | 0.01 | Below MAC |
| 5670749 | Fort Langley Elem / DF Gym / Flush / 16 °C / pH= 7.0 | 0.00150 | 0.01 | Below MAC |
| 5670750 | N.Otter / Rm 38 / Stagnant / 16 °C / pH= 7.8 | 0.00155 | 0.01 | Below MAC |
| 5670751 | N.Otter / Rm 38 / Flush / 16 °C / pH= 7.8 | 0.000990 | 0.01 | Below MAC |
| 5670752 | N.Otter / DF East / Stagnant / 16 °C / pH= 7.8 | 0.00202 | 0.01 | Below MAC |
| 5670753 | N.Otter / DF East / Flush / 16 °C / pH= 7.8 | 0.000920 | 0.01 | Below MAC |
| 5670754 | Coghlán / Mech Rm / Stagnant / 16 °C / pH= 7.8 | 0.000048 | 0.01 | Below MAC |
| 5670755 | Coghlán / Mech Rm / Flush / 16 °C / pH= 7.8 | 0.000026 | 0.01 | Below MAC |
| 5670756 | Coghlán / DF Gym / Stagnant / 16 °C / pH= 7.8 | 0.00304 | 0.01 | Below MAC |
| 5670757 | Coghlán / DF Gym / Flush / 16 °C / pH= 7.8 | 0.00267 | 0.01 | Below MAC |
| 5670758 | Coghlán / Rm 23 / Stagnant / 16 °C / pH= 7.8 | 0.00151 | 0.01 | Below MAC |
| 5670759 | Coghlán / Rm 23 / Flush / 16 °C / pH= 7.8 | 0.000910 | 0.01 | Below MAC |
| 5670760 | Shortreed / Rm 118 / Stagnant / 16 °C / pH= 7.2 | 0.000862 | 0.01 | Below MAC |
| 5670761 | Shortreed / Rm 118 / Flush / 16 °C / pH= 7.2 | 0.000917 | 0.01 | Below MAC |
| 5670762 | Shortreed / DF East / Stagnant / 16 °C / pH= 7.2 | 0.00312 | 0.01 | Below MAC |
| 5670763 | Shortreed / DF East / Flush / 16 °C / pH= 7.2 | 0.00192 | 0.01 | Below MAC |
| 5670764 | N.Booth / Kindergarten / Stagnant / 16 °C / pH= 7.0 | 0.000489 | 0.01 | Below MAC |
| 5670765 | N.Booth / Kindergarten / Flush / 16 °C / pH= 7.0 | 0.000289 | 0.01 | Below MAC |
| 5670766 | N.Booth / Rm 9 / Stagnant / 16 °C / pH= 7.0 | 0.00135 | 0.01 | Below MAC |
| 5670767 | N.Booth / Rm 9 / Flush / 16 °C / pH= 7.0 | 0.000630 | 0.01 | Below MAC |
| 5670768 | Otter / Mech Rm / Stagnant / 16 °C / pH= 7.4 | 0.000083 | 0.01 | Below MAC |
| 5670769 | Otter / Mech Rm / Flush / 16 °C / pH= 7.4 | 0.000052 | 0.01 | Below MAC |
| 5670770 | Otter / DF 2nd Flr / Stagnant / 16 °C / pH= 7.4 | 0.000364 | 0.01 | Below MAC |

Analytical Report

Bill To: School District #35
Report To: School District #35
20260 - 64th Ave
Langley, BC, Canada
V3A 4P7
Attn: Terry Walker
Sampled By:
Company:

Project:
ID:
Name: SD#35 Water Sampling
Location:
LSD:
P.O.:
Acct code:


Lot ID: **1192146**
Control Number: C0050099/1
Date Received: Mar 20, 2017
Date Reported: Mar 21, 2017
Report Number: 2176166

Analyte
Description
Unit of Measure
Nominal Detection Limit

Lead
Element
mg/L
0.00001

| Sample Id | Description | Results | Guideline Limit | Guideline Comments |
|-----------|--|----------|-----------------|--------------------|
| 5670771 | Otter / DF 2nd Flr / Flush / 16 °C / pH= 7.4 | 0.000206 | 0.01 | Below MAC |
| 5670772 | Otter / Rm 125 / Stagnant / 16 °C / pH= 7.4 | 0.000186 | 0.01 | Below MAC |
| 5670773 | Otter / Rm 125 / Flush / 16 °C / pH= 7.4 | 0.000078 | 0.01 | Below MAC |

Approved by:


Randy Neumann, BSc
Vice President

Methodology and Notes

| | | |
|--------------------------------|----------------------------|-----------------------------|
| Bill To: School District #35 | Project: | Lot ID: 1192146 |
| Report To: School District #35 | ID: | Control Number: C0050099/1 |
| 20260 - 64th Ave | Name: SD#35 Water Sampling | Date Received: Mar 20, 2017 |
| Langley, BC, Canada | Location: | Date Reported: Mar 21, 2017 |
| V3A 4P7 | LSD: | Report Number: 2176166 |
| Attn: Terry Walker | P.O.: | |
| Sampled By: | Acct code: | |
| Company: | | |

Method of Analysis

| Method Name | Reference | Method | Date Analysis Started | Location |
|--|-----------|---|-----------------------|--------------|
| Trace Metals (extractable) in Water (Surrey) | US EPA | * Determination of Trace Elements in Waters and Wastes by ICP-MS, 200.8 | 20-Mar-17 | Exova Surrey |
| Trace Metals (extractable) in Water (Surrey) | US EPA | * Determination of Trace Elements in Waters and Wastes by ICP-MS, 200.8 | 21-Mar-17 | Exova Surrey |

** Reference Method Modified*

References

US EPA US Environmental Protection Agency Test Methods

Guidelines

Guideline Description Health Canada GCDWQ
Guideline Source Guidelines for Canadian Drinking Water Quality, Health Canada, February 2017
Guideline Comments MAC = Maximum Acceptable Concentration
AO = Aesthetic Objective
OG = Operational Guideline for Water Treatment Plants
Refer to Health Canada GCDWQ for complete guidelines and additional drinking water information at www.hc-sc.gc.ca

Comments:

- pH values provided by client.

The comparison of test results to guideline limits is provided for information purposes only. This is not to be taken as a statement of conformance / nonconformance to any guideline, regulation or limit. The data user is responsible for all conclusions drawn with respect to the data and is advised to consult official regulatory references when evaluating compliance.

Please direct any inquiries regarding this report to our Client Services group.

Results relate only to samples as submitted.

The test report shall not be reproduced except in full, without the written approval of the laboratory.



Project Information

Project ID: _____

Project Name: _____

Project Location: _____

Legal Location: _____

PO/AFE#: _____

Proj. Acct. Code: _____

Quote # _____

Invoice to:

Company: _____
 Address: _____

 Attention: _____
 Phone: _____
 Cell: _____
 Fax: _____
 E-mail: _____
 Agreement ID: _____
 Copy of report: _____

Report To:

Company: _____

Address: _____

Attention: _____

Phone: _____

Cell: _____

Fax: _____

E-mail 1: _____

E-mail 2: _____

Copy of invoice: _____

Report Results

| | | |
|--------|--------------------|--|
| E-Mail | HCDWQG | |
| Mail | Ab Tier 1 | |
| Online | SPIGEC | |
| Fax | BCCSR | |
| PDF | Other (list below) | |
| Excel | | |
| QA/QC | | |

Regulatory Requirement

Sample Custody (please print)

| |
|-------------|
| Sampled by: |
| Company: |

This section for Lab use only

Date/Time stamp: MAR 20 '17 11:41

Indicate in the space allotted any deficiencies by the corresponding number.

1. Indicate any samples that were not packaged well

2. Indicate any samples not received in Exova supplies

3. Indicate any samples that were not clearly labeled

4. Indicate any samples not received within the required hold time or temp.

5. Indicate any missing or extra samples

6. Indicate any samples that were received broken

7. Indicate any samples where sufficient volume was

8. Indicate any samples received in an inappropriate container

Emergency (contact lab for turnaround and pricing)

Priority 1-2 working days (100% surcharge)

Urgent 2-3 working days (50% surcharge)

When "ASAP" is requested, turn around will default to a 100% RUSH priority, with pricing and turn around time to match. Please contact the lab prior to submitting RUSH samples. If not all samples require RUSH, please indicate in the special instructions.

Date Required: _____ Signature: _____

Special Instructions/Comments (please include contact information including ph. # if different from above).

Number of Containers

Enter tests above
(✓ relevant samples below)

| | Site I.D. | Sample Description | Depth start in cm | end m | Date/Time Sampled | Ph Matrix | Sampling Method |
|----|-----------|--------------------------|-------------------------|----------|-------------------|--------------|--------------------|
| 1 | L.S.D.#35 | Willoughby Rm 7 | | | March 20/17 | 7.8 | |
| 2 | L.S.D.#35 | Willoughby Rm 7 | | | | 7.8 | |
| 3 | | Willoughby Rm 17 | | | | 7.8 | |
| 4 | | Willoughby Rm 17 | | | | 7.8 | |
| 5 | | A. Hope W. 16 | | | | 7.6 | |
| 6 | | A. Hope W. 16 | | | | | |
| 7 | | A. Hope S. 14 | | | | | |
| 8 | | A. Hope S. 14 | | | | | |
| 9 | | S. Kenned y Kindergarten | | | | 7.0 | |
| 10 | | S. Kenned y Kindergarten | | | | | |
| 11 | | " " R. 108 | | | | | |
| 12 | | " " R. 108 | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |

Submission of this form acknowledges acceptance of Exova's Standard Terms and Conditions (<http://www.exova.com/about/terms-and-conditions/>)

Please indicate any potentially hazardous samples

Page _____ of _____

Control # **C 0050099**

Lot: 1192146 ^{COC}



Shipping: COD Y/ N

and size of coolers

Temp. received: 02 Delivery Method:

Waybill:

Received by:

Project Information

Project ID: _____
 Project Name: _____
 Project Location: _____
 Legal Location: _____
 PO/AFE#: _____
 Proj. Acct. Code: _____
 Quote #: _____

Invoice to:

Company: _____
 Address: _____
 Attention: _____
 Phone: _____
 Cell: _____
 Fax: _____
 E-mail: _____
 Agreement ID: _____
 Copy of report: _____

Report To:

Company: _____
 Address: _____
 Attention: _____
 Phone: _____
 Cell: _____
 Fax: _____
 E-mail 1: _____
 E-mail 2: _____
 Copy of invoice: _____

Report Results

| | |
|--------|--------------------|
| E-Mail | HCDWQG |
| Mail | Ab Tier 1 |
| Online | SPIGEC |
| Fax | BCCSR |
| PDF | Other (list below) |
| Excel | |
| QA/QC | |

Regulatory Requirement

Sample Custody (please print)

Sampled by: _____
 Company: _____

This section for Lab use only

Date/Time stamp: **MAR 20 '17 11:41**

RUSH Priority

| | |
|--|--|
| Emergency (contact lab for turnaround and pricing) | When "ASAP" is requested, turn around will default to a 100% RUSH priority, with pricing and turn around time to match. Please contact the lab prior to submitting RUSH samples. If not all samples require RUSH, please indicate in the special instructions. |
| Priority 1-2 working days (100% surcharge) | |
| Urgent 2-3 working days (50% surcharge) | |

Date Required: _____ Signature: _____

Special Instructions/Comments (please include contact information including ph. # if different from above).

| | Site I.D. | Sample Description | Depth start end in cm m | Date/Time Sampled | Matrix | Sampling Method |
|----|-----------|----------------------|-------------------------------|-------------------|--------|-----------------|
| 1 | L.S.D.#35 | L.F.A cafeteria DE | | March 20 | 7.0 | Stag |
| 2 | L.S.D.#35 | L.F.A cafeteria D.F. | | | | Flush |
| 3 | | L.F.A Rm 104 | | | | S |
| 4 | | L.F.A Rm 104 | | | ↓ | F |
| 5 | | Fort Elem Rm 28 | | | 7.0 | S |
| 6 | | " Rm 28 | | | | F |
| 7 | | " Rm 2 | | | | S |
| 8 | | " Rm 2 | | | ↓ | F |
| 9 | | " D.F. gym | | | | S |
| 10 | | " D.F. gym | | | ↓ | F |
| 11 | | N. Otter Rm 38 | | | 7.8 | S |
| 12 | | " Rm 38 | | | | F |
| 13 | | " D.F. east | | | | S |
| 14 | | " D.F. east | | | ↓ | F |
| 15 | | | | | | |

Number of Containers ↓

Enter tests above
(√ relevant samples below)

Indicate in the space allotted any deficiencies by the corresponding number.

1. Indicate any samples that were not packaged well
2. Indicate any samples not received in Exova supplies
3. Indicate any samples that were not clearly labeled
4. Indicate any samples not received within the required hold time or temp.
5. Indicate any missing or extra samples
6. Indicate any samples that were received broken
7. Indicate any samples where sufficient volume was not received
8. Indicate any samples received in an inappropriate container

Submission of this form acknowledges acceptance of Exova's Standard Terms and Conditions (<http://www.exova.com/about/terms-and-conditions/>)

Please indicate any potentially hazardous samples

Page _____ of _____

Control # **C 0050100**

Indicate lot # or affix barcode here

Shipping: COD Y/ N

and size of coolers

Temp. received: **16.0**

Delivery Method: **H**

Waybill: **LC**

Received by: _____

Project Information

Project ID: _____
 Project Name: _____
 Project Location: _____
 Legal Location: _____
 PO/AFE#: _____
 Proj. Acct. Code: _____
 Quote #: _____

Invoice to:

Company: _____
 Address: _____
 Attention: _____
 Phone: _____
 Cell: _____
 Fax: _____
 E-mail: _____
 Agreement ID: _____
 Copy of report: _____

Report To:

Company: _____
 Address: _____
 Attention: _____
 Phone: _____
 Cell: _____
 Fax: _____
 E-mail 1: _____
 E-mail 2: _____
 Copy of invoice: _____

Report Results

| | |
|--------|--------------------|
| E-Mail | HCDWQG |
| Mail | Ab Tier 1 |
| Online | SPIGEC |
| Fax | BCCSR |
| PDF | Other (list below) |
| Excel | |
| QA/QC | |

Regulatory Requirement

Sample Custody (please print)

Sampled by: _____
 Company: _____

This section for Lab use only

Date/Time stamp:
MAR 20 '17 11:41

RUSH Priority

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Emergency (contact lab for turnaround and pricing) | When "ASAP" is requested, turn around will default to a 100% RUSH priority, with pricing and turn around time to match. Please contact the lab prior to submitting RUSH samples. If not all samples require RUSH, please indicate in the special instructions. |
| <input type="checkbox"/> | Priority 1-2 working days (100% surcharge) | |
| <input type="checkbox"/> | Urgent 2-3 working days (50% surcharge) | |

Date Required: _____ Signature: _____

Special Instructions/Comments (please include contact information including ph. # if different from above).

| | Site I.D. | Sample Description | Depth start end in cm m | Date/Time Sampled | p.h. Matrix | Sampling Method |
|----|-----------|-----------------------|-------------------------------|-------------------|----------------|--------------------|
| 1 | L.S.D.#35 | Coghlan Mech Rm | | March 20 | 7.8 | S |
| 2 | L.S.D.#35 | Coghlan Mech Rm | | | | F |
| 3 | ↓ | " " D.F. gym | | | ↓ | S |
| 4 | ↓ | " " D.F. gym | | | ↓ | F |
| 5 | ↓ | " " Rm 23 | | | ↓ | S |
| 6 | ↓ | " " Rm 23 | | | ↓ | F |
| 7 | | Shortreed Rm 118 | | | 7.2 | S |
| 8 | | " " | | | | F |
| 9 | | " " D.F. east | | | | S |
| 10 | | " " D.F. east | | | ↓ | F |
| 11 | | N. Booth Kindergarten | | | 7.0 | S |
| 12 | | N. Booth Kindergarten | | | | F |
| 13 | | " " Rm 9 | | | | S |
| 14 | | " " Rm 9 | | | ↓ | F |
| 15 | | | | | | |

Number of Containers

Enter tests above
 (✓ relevant samples below)

Indicate in the space allotted any deficiencies by the corresponding number.

1. Indicate any samples that were not packaged well
2. Indicate any samples not received in Exova supplies
3. Indicate any samples that were not clearly labeled
4. Indicate any samples not received within the required hold time or temp.
5. Indicate any missing or extra samples
6. Indicate any samples that were received broken
7. Indicate any samples where sufficient volume was not received
8. Indicate any samples received in an inappropriate container

Submission of this form acknowledges acceptance of Exova's Standard Terms and Conditions (<http://www.exova.com/about/terms-and-conditions/>)

Please indicate any potentially hazardous samples

Page _____ of _____

Control # **C 0050101**

Indicate lot # or affix barcode here

Shipping: COD Y/ N

and size of coolers

Temp. received: **16.0**

Delivery Method: **H**

Waybill:

Received by: **LC**

Project Information

Project ID: _____

Project Name: _____

Project Location: _____

Legal Location: _____

PO/AFE#: _____

Proj. Acct. Code: _____

Quote # _____

Invoice to:

Company: _____
Address: _____

Attention: _____
Phone: _____
Cell: _____
Fax: _____
E-mail: _____
Agreement ID: _____
Copy of report: _____

Report To:

Company: _____

Address: _____

Attention: _____

Phone: _____

Cell: _____

Fax: _____

E-mail 1: _____

E-mail 2: _____

Copy of invoice: _____

Report Results

| | | |
|--------|--------------------|--|
| E-Mail | HCDWQG | |
| Mail | Ab Tier 1 | |
| Online | SPIGEC | |
| Fax | BCCSR | |
| PDF | Other (list below) | |
| Excel | | |
| QA/QC | | |

Regulatory Requirement

Sample Custody (please print)

| |
|-------------|
| Sampled by: |
| Company: |

This section for Lab use only

Date/Time stamp: MAR 20 '17 11:41

RUSH Priority

| | |
|--|--|
| Emergency (contact lab for turnaround and pricing) | When "ASAP" is requested, turn around will default to a 100% RUSH priority, with pricing and turn around time to match. Please contact the lab prior to submitting RUSH samples. If not all samples require RUSH, please indicate in the special instructions. |
| Priority 1-2 working days (100% surcharge) | |
| Urgent 2-3 working days (50% surcharge) | |

When "ASAP" is requested, turn around will default to a 100% RUSH priority, with pricing and turn around time to match. Please contact the lab prior to submitting RUSH samples. If not all samples require RUSH, please indicate in the special instructions.

Number of Containers

Date Required: _____ Signature: _____

Special Instructions/Comments (please include contact information including ph. # if different from above).

Enter tests above
(✓ relevant samples below)

Indicate in the space allotted any deficiencies by the corresponding number.

| | Site I.D. | Sample Description | Depth start in cm | end m | Date/Time Sampled | p.h. Matrix | Sampling Method | ↓ | Enter tests above (√ relevant samples below) | Indicate in the space allotted any deficiencies by the corresponding number. |
|----|-----------|--------------------|-------------------------|----------|-------------------|----------------|--------------------|---|---|--|
| 1 | C.S.D. 35 | after Mech Rm | | | March 20 | 7.4 | S | | | 1. Indicate any samples that were not packaged well |
| 2 | | " " Mech Rm | | | | ↓ | F | | | |
| 3 | | " " DF 2 flr | | | | | S | | | 2. Indicate any samples not received in Exova supplies |
| 4 | | " " Dr 2 flr | | | | | F | | | |
| 5 | | " " Rm 125 | | | | | S | | | 3. Indicate any samples that were not clearly labeled |
| 6 | | Rm 125 | | | | ↓ | F | | | |
| 7 | | | | | | | | | | 4. Indicate any samples not received within the required hold time or temp. |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | 5. Indicate any missing or extra samples |
| 10 | | | | | | | | | | |
| 11 | | | | | | | | | | 6. Indicate any samples that were received broken |
| 12 | | | | | | | | | | |
| 13 | | | | | | | | | | 7. Indicate any samples where sufficient volume was not received |
| 14 | | | | | | | | | | |
| 15 | | | | | | | | | | 8. Indicate any samples |

Submission of this form acknowledges acceptance of Exova's Standard Terms and Conditions (<http://www.exova.com/about/terms-and-conditions/>)

Indicate lot # or affix barcode here

Shipping: ☐ COD ☐ Y/ ☐ N

and size of coolers

Temp. received

| |
|------------------|
| Delivery Method: |
|------------------|

Waybill:

Received by:

Please indicate any potentially hazardous samples

Page _____ of _____

Control # **C** 0050102