



ATTENTION: Customer Service/Lab

**USE SITE NAME
& ADDRESS:**

FAX:

DATE:

FROM:

PHONE:

SUBJECT:

Number of Pages (including cover page):

Sample Requirements

US Ecology Idaho & US Ecology Nevada

| Analysis Required | Amount of Sample | Acceptable Container |
|--------------------|------------------|--|
| METALS | 2 Quarts | HDPE plastic or glass bottle w/ screw on lid |
| METALS + CYANIDES* | 4 Quarts | HDPE plastic or glass bottle w/ screw on lid |
| METALS + VOC/SVOC* | 4 Quarts | Glass bottle w/ screw on lid |
| CYANIDES* | 2 Quarts | HDPE plastic or glass bottle w/ screw on lid |
| VOC/SVOC* | 2 Quarts | Glass bottle w/ TFE lined screw on lids |

US Ecology Texas

| Analysis Required | Amount of Sample | Acceptable Container |
|--------------------|------------------|--|
| METALS | 1 Quarts | HDPE plastic or glass bottle w/ screw on lid |
| METALS + CYANIDES* | 2 Quarts | HDPE plastic or glass bottle w/ screw on lid |
| METALS + VOC/SVOC* | 3 Quarts | Glass bottle w/ screw on lid |
| CYANIDES* | 1 Quart | HDPE plastic or glass bottle w/ screw on lid |
| VOC/SVOC* | 2 Quarts | Glass bottle w/ TFE lined screw on lids |

US Ecology Michigan

| Analysis Required | Amount of Sample | Acceptable Container |
|--------------------|------------------|--|
| METALS | 1 Quart | HDPE plastic or glass bottle w/ screw on lid |
| METALS + CYANIDES* | 1 Quart | HDPE plastic or glass bottle w/ screw on lid |
| METALS + VOC/SVOC* | 1 Quart | Glass bottle w/ screw on lid |
| CYANIDES* | 1 Quart | HDPE plastic or glass bottle w/ screw on lid |
| VOC/SVOC* | 1 Quart | Glass bottle w/ TFE lined screw on lids |

**Must be shipped on ice*

The information contained in this transmission is privileged, confidential and intended only for the use of the individual or entity named above. If you have received this communication in error, please notify Transmitter immediately by telephone. Thank you.



Customer Lab Sample Submittal Chain of Custody Record

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------|---------------------------------|-------------|--|---|--|--------------|--|---------------------|--|---------------------|--|--------------------|--|---|--|-------------------|--|-----------------|--|-------------------------|--|
| <input type="checkbox"/> Profile Attached Note: If a profile is not attached, sample analysis may experience delays. | | | | | | Carrier / Airbill #: | | | | | | | | | | | | | | | | | |
| | | | | | | Date Analysis Required: | | | | | | | | | | | | | | | | | |
| Ship To: | | | | | | Pre-acceptance waste samples are utilized by US Ecology to ensure waste acceptance criteria are met, create treatment recipes and/or establish treatment pricing. Waste characterization remains the responsibility of the customer. | | | | | | | | | | | | | | | | | |
| Customer Name & Address: | | | | | | Waste Common Name: | | | | | | Sample Matrix Code | | Analysis Requested | | | | | | # of Containers | | US Ecology Lab Use Only | |
| Contact: | | | | | | Sampler Name: | | | | | | | | USE Sample ID #: | | | | | | | | | |
| Phone: | | | | | | Signature: | | | | | | | | Customer #: _____ | | | | | | | | | |
| Email: | | | | | | USE Sales Account Manager: | | | | | | | | Rec'd Date: _____ | | | | | | | | | |
| Sample Num. | | Site ID | | Date | | Time | | Depth | | USE Sample # | | | | | | | | Remarks | | | | | |
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| Possible Hazard Identification | | | | | | | | | | Matrix Codes | | | | | | PLEASE SUBMIT USING A FAX COVER SHEET WITH A COPY OF THE COC, WASTE PROFILE FORM AND ANY ADDITIONAL DOCUMENTATION TO THE RECEIVING FACILITY AT THE FAX NUMBER LISTED ABOVE. | | | | | | | |
| <input type="checkbox"/> Non-Hazard | | | <input type="checkbox"/> Rad | | | <input type="checkbox"/> Skin Irritant | | | | W) Water | | B) Bulk | | L) Liquid | | | | | | | | | |
| <input type="checkbox"/> Flammable | | | <input type="checkbox"/> Poison | | | <input type="checkbox"/> Unknown | | | | F) Filter | | S) Soil | | G) Wipe | | | | | | | | | |
| | | | | | | | | | | C) Solid | | M) Media | | | | | | | | | | | |
| Relinquished by: | | | | | | Date/Time: | | | | | | Received by: | | | | | | Date/Time: | | | | | |
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