

REQUEST FOR SAMPLE ANALYSIS (Radiological)

Drinking Water and Radiation Laboratory 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received	Lab No. (Leave Blank)
	Date & Time Sampled	Serial Number

Collector Information Name: Dept./Branch: Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:
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Sample Information System Name / Facility: Sampling Point (s): System No.:	Billing Agency <input type="checkbox"/> SWRCB <input type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> MWD <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____
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TYPE OF SAMPLE (Check all applicable boxes)

<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Raw	<input type="checkbox"/> Water Treatment Plant (WTP)	<input type="checkbox"/> Distribution System	<input type="checkbox"/> Point of Use (POU)

Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxozone / Fluoridated / Coagulated / pH Adjusted

<input type="checkbox"/> Air Filters	Date/Time	<input type="checkbox"/> Seawater	<input type="checkbox"/> Sludge (Semi-solid Samples)
Finishing: _____	_____	<input type="checkbox"/> Milk	<input type="checkbox"/> Soil/Sediment
Starting: _____	_____	<input type="checkbox"/> Wipes ()	<input type="checkbox"/> Biota (Type): _____
Net (M ³) _____		<input type="checkbox"/> Radon Canister	<input type="checkbox"/> Other: _____

Air Charcoal Cartridge

COMMENTS: (Cautions, etc.): _____

Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____

Field Measurement: _____ mR/hr Radionuclide(s), if known: _____

Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

<input type="checkbox"/> Gross Alpha	<input type="checkbox"/> Strontium-89, 90	<input type="checkbox"/> Gamma Scan	<input type="checkbox"/> Lead-210
<input type="checkbox"/> Gross Beta	<input type="checkbox"/> Total Beta (LSC)	<input type="checkbox"/> NORM (Gamma)	<input type="checkbox"/> Technicium-99
<input type="checkbox"/> Total Uranium	<input type="checkbox"/> Tritium (³ H)	<input type="checkbox"/> Isotopic Americium/Curium	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Total Radium	<input type="checkbox"/> Carbon-14	<input type="checkbox"/> Isotopic Plutonium	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Radium-226	<input type="checkbox"/> Iodine-131	<input type="checkbox"/> Isotopic Thorium	
<input type="checkbox"/> Radium-228	<input type="checkbox"/> Iron-55	<input type="checkbox"/> Isotopic Uranium	
<input type="checkbox"/> Radon-222	<input type="checkbox"/> Nickel-63	<input type="checkbox"/> Isotopic Polonium	

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____
			Time Custody Released _____
2.	Date _____	Name (Print) _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____
			Time Custody Released _____
3.	Date _____	Name (Print) _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____
			Time Custody Released _____

LABORATORY REMARKS (Leave Blank)	Laboratory Measurement: _____ mR/hr
A. Condition at Time of Receipt:	
<input type="checkbox"/> Acceptable <input type="checkbox"/> Broken Container <input type="checkbox"/> Leaked in Transit <input type="checkbox"/> Holding Time Exceeded <input type="checkbox"/> Sample Not Cooled <input type="checkbox"/> Insufficient Sample <input type="checkbox"/> Improper Container	
B. Preservatives/Carriers:	
<input type="checkbox"/> Added While Sampling <input type="checkbox"/> Added in Laboratory <input type="checkbox"/> Not Added <input type="checkbox"/> Not Applicable	