



Laboratory Report of Analysis

To: Kodiak Area Native Association
3449 Rezanof Drive East
Kodiak, AK 99615

Report Number: **1242375**

Client Project: **Kodiak Island Beach Monitoring**

Dear Andie Wall,

Enclosed are the results of the analytical services performed under the referenced project for the received samples and associated QC as applicable. The samples are certified to meet the requirements of the National Environmental Laboratory Accreditation Conference Standards. Copies of this report and supporting data will be retained in our files for a period of ten years in the event they are required for future reference. All results are intended to be used in their entirety and SGS is not responsible for use of less than the complete report. Any samples submitted to our laboratory will be retained for a maximum of fourteen (14) days from the date of this report unless other archiving requirements were included in the quote.

If there are any questions about the report or services performed during this project, please call Curtis at (907) 562-2343. We will be happy to answer any questions or concerns which you may have.

Thank you for using SGS North America Inc. for your analytical services. We look forward to working with you again on any additional analytical needs.

Sincerely,
SGS North America Inc.

Curtis Whisman
Project Manager
curtis.whisman@sgs.com

Date

Print Date: 05/30/2024 2:11:37PM

Case Narrative

SGS Client: **Kodiak Area Native Association**
SGS Project: **1242375**
Project Name/Site: **Kodiak Island Beach Monitoring**
Project Contact: **Andie Wall**

Refer to sample receipt form for information on sample condition.

Mission Beach (1242375001) PS

ENTEROLERT-Enterolert Enterococci - Sample was analyzed at a dilution (10X) due to saltwater matrix.

Mission Beach-DUP (1242375002) PS

ENTEROLERT-Enterolert Enterococci - Sample was analyzed at a dilution (10X) due to saltwater matrix.

Buskin Beach (1242375003) PS

ENTEROLERT-Enterolert Enterococci - Sample was analyzed at a dilution (10X) due to saltwater matrix.

Frye Point (1242375004) PS

ENTEROLERT-Enterolert Enterococci - Sample was analyzed at a dilution (10X) due to saltwater matrix.

Lighthouse Beach (1242375005) PS

9222D - Fecal coliform sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.

ENTEROLERT-Enterolert Enterococci - Sample was analyzed at a dilution (10X) due to saltwater matrix.

ENTEROLERT-Enterolert Enterococci - Sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.

*QC comments may be associated with the field samples found in this report. When applicable, comments will be applied to associated field samples.

Print Date: 05/30/2024 2:11:39PM

Laboratory Qualifiers

Enclosed are the analytical results associated with the above work order. The results apply to the samples as received. All results are intended to be used in their entirety and SGS is not responsible for use of less than the complete report. This document is issued by the Company under its General Conditions of Service accessible at <http://www.sgs.com/en/Terms-and-Conditions.aspx>. Attention is drawn to the limitation of liability, indemnification and jurisdiction issues defined therein.

Any holder of this document is advised that information contained hereon reflects the Company's findings at the time of its intervention only and within the limits of Client's instructions, if any. The Company's sole responsibility is to its Client and this document does not exonerate parties to a transaction from exercising all their rights and obligations under the transaction documents. Any unauthorized alteration, forgery or falsification of the context or appearance of this document is unlawful and offenders may be prosecuted to the fullest extent of the law.

SGS maintains a formal Quality Assurance/Quality Control (QA/QC) program. A copy of our Quality Assurance Plan (QAP), which outlines this program, is available at your request. The laboratory certification numbers are AK00971 (DW Chemistry & Microbiology) & 17-021 (CS) for ADEC and 2944.01 for DOD ELAP/ISO17025 (RCRA methods: 1020B, 1311, 3010A, 3050B, 3520C, 3550C, 5030B, 5035A, 6020B, 7470A, 7471B, 8015C, 8021B, 8082A, 8260D, 8270E, 8270E-SIM, 9040C, 9045D, 9056A, 9060A, AK101 and AK102/103). SGS is only certified for the analytes listed on our Drinking Water Certification (DW methods: 200.8, 2130B, 2320B, 2510B, 300.0, 4500-CN-C,E, 4500-H-B, 4500-NO3-F, 4500-P-E and 524.2) and only those analytes will be reported to the State of Alaska for compliance. Except as specifically noted, all statements and data in this report are in conformance to the provisions set forth by the SGS QAP and, when applicable, other regulatory authorities.

The following descriptors or qualifiers may be found in your report:

*	The analyte has exceeded allowable regulatory or control limits.
!	Surrogate out of control limits.
B	Indicates the analyte is found in a blank associated with the sample.
CCV/CVA/CVB	Continuing Calibration Verification
CCCV/CVC/CVCA/CVCB	Closing Continuing Calibration Verification
CL	Control Limit
DF	Analytical Dilution Factor
DL	Detection Limit (i.e., maximum method detection limit)
E	The analyte result is above the calibrated range.
GT	Greater Than
IB	Instrument Blank
ICV	Initial Calibration Verification
J	The quantitation is an estimation.
LCS(D)	Laboratory Control Spike (Duplicate)
LLQC/LLIQC	Low Level Quantitation Check
LOD	Limit of Detection (i.e., 3/4 of the LOQ)
LOQ	Limit of Quantitation (i.e., reporting or practical quantitation limit)
LT	Less Than
MB	Method Blank
MS(D)	Matrix Spike (Duplicate)
ND	Indicates the analyte is not detected.
RPD	Relative Percent Difference
TNTC	Too Numerous To Count
U	Indicates the analyte was analyzed for but not detected.

Note: Sample summaries which include a result for "Total Solids" have already been adjusted for moisture content. All DRO/RRO analyses are integrated per SOP.

Sample Summary

<u>Client Sample ID</u>	<u>Lab Sample ID</u>	<u>Collected</u>	<u>Received</u>	<u>Matrix</u>
Mission Beach	1242375001	05/28/2024	05/28/2024	Water (Surface, Eff., Ground)
Mission Beach-DUP	1242375002	05/28/2024	05/28/2024	Water (Surface, Eff., Ground)
Buskin Beach	1242375003	05/28/2024	05/28/2024	Water (Surface, Eff., Ground)
Frye Point	1242375004	05/28/2024	05/28/2024	Water (Surface, Eff., Ground)
Lighthouse Beach	1242375005	05/28/2024	05/28/2024	Water (Surface, Eff., Ground)

<u>Method</u>	<u>Method Description</u>
SM21 9222D	Fecal Coliform (MF)
ENTEROLERT	Total Enterococci

Print Date: 05/30/2024 2:11:44PM

Detectable Results Summary

Client Sample ID: **Lighthouse Beach**

Lab Sample ID: 1242375005

Microbiology Laboratory

Parameter

Enterococci

Result

10.0

Units

MPN/100mL



Results of Mission Beach

Client Sample ID: **Mission Beach**
 Client Project ID: **Kodiak Island Beach Monitoring**
 Lab Sample ID: 1242375001
 Lab Project ID: 1242375

Collection Date: 05/28/24 11:12
 Received Date: 05/28/24 18:37
 Matrix: Water (Surface, Eff., Ground)
 Solids (%):
 Location:

Results by Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Enterococci	10.0	U	10.0	10.0	7.50	MPN/100m	10		05/28/24 19:10

Batch Information

Analytical Batch: BTF20973
 Analytical Method: ENTEROLERT
 Analyst: M.A
 Analytical Date/Time: 05/28/24 19:10
 Container ID: 1242375001-B

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Fecal Coliform	1.00	U	1.00	1.00	0.750	col/100mL	1		05/28/24 19:12

Batch Information

Analytical Batch: BTF20971
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 05/28/24 19:12
 Container ID: 1242375001-A

Results of Mission Beach-DUP

Client Sample ID: **Mission Beach-DUP**
 Client Project ID: **Kodiak Island Beach Monitoring**
 Lab Sample ID: 1242375002
 Lab Project ID: 1242375

Collection Date: 05/28/24 11:12
 Received Date: 05/28/24 18:37
 Matrix: Water (Surface, Eff., Ground)
 Solids (%):
 Location:

Results by Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Enterococci	10.0	U	10.0	10.0	7.50	MPN/100m	10		05/28/24 19:10

Batch Information

Analytical Batch: BTF20973
 Analytical Method: ENTEROLERT
 Analyst: M.A
 Analytical Date/Time: 05/28/24 19:10
 Container ID: 1242375002-B

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Fecal Coliform	1.00	U	1.00	1.00	0.750	col/100mL	1		05/28/24 19:12

Batch Information

Analytical Batch: BTF20971
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 05/28/24 19:12
 Container ID: 1242375002-A



Results of Buskin Beach

Client Sample ID: **Buskin Beach**
Client Project ID: **Kodiak Island Beach Monitoring**
Lab Sample ID: 1242375003
Lab Project ID: 1242375

Collection Date: 05/28/24 11:54
Received Date: 05/28/24 18:37
Matrix: Water (Surface, Eff., Ground)
Solids (%):
Location:

Results by Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Enterococci	10.0	U	10.0	10.0	7.50	MPN/100m	10		05/28/24 19:10

Batch Information

Analytical Batch: BTF20973
Analytical Method: ENTEROLERT
Analyst: M.A
Analytical Date/Time: 05/28/24 19:10
Container ID: 1242375003-B

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Fecal Coliform	1.00	U	1.00	1.00	0.750	col/100mL	1		05/28/24 19:12

Batch Information

Analytical Batch: BTF20971
Analytical Method: SM21 9222D
Analyst: M.A
Analytical Date/Time: 05/28/24 19:12
Container ID: 1242375003-A

Results of Frye Point

Client Sample ID: **Frye Point**
 Client Project ID: **Kodiak Island Beach Monitoring**
 Lab Sample ID: 1242375004
 Lab Project ID: 1242375

Collection Date: 05/28/24 12:30
 Received Date: 05/28/24 18:37
 Matrix: Water (Surface, Eff., Ground)
 Solids (%):
 Location:

Results by Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Enterococci	10.0	U	10.0	10.0	7.50	MPN/100m	10		05/28/24 19:10

Batch Information

Analytical Batch: BTF20973
 Analytical Method: ENTEROLERT
 Analyst: M.A
 Analytical Date/Time: 05/28/24 19:10
 Container ID: 1242375004-B

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Fecal Coliform	1.00	U	1.00	1.00	0.750	col/100mL	1		05/28/24 19:12

Batch Information

Analytical Batch: BTF20971
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 05/28/24 19:12
 Container ID: 1242375004-A



Results of Lighthouse Beach

Client Sample ID: **Lighthouse Beach**
 Client Project ID: **Kodiak Island Beach Monitoring**
 Lab Sample ID: 1242375005
 Lab Project ID: 1242375

Collection Date: 05/28/24 10:00
 Received Date: 05/28/24 18:37
 Matrix: Water (Surface, Eff., Ground)
 Solids (%):
 Location:

Results by Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Enterococci	10.0		10.0	10.0	7.50	MPN/100m	10		05/28/24 19:10

Batch Information

Analytical Batch: BTF20973
 Analytical Method: ENTEROLERT
 Analyst: M.A
 Analytical Date/Time: 05/28/24 19:10
 Container ID: 1242375005-B

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Fecal Coliform	1.00	U	1.00	1.00	0.750	col/100mL	1		05/28/24 19:12

Batch Information

Analytical Batch: BTF20971
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 05/28/24 19:12
 Container ID: 1242375005-A



Method Blank

Blank ID: MB for HBN 1886334 [BTF/20971]

Blank Lab ID: 1765320

QC for Samples:

1242375001, 1242375002, 1242375003, 1242375004, 1242375005

Matrix: Water (Surface, Eff., Ground)

Results by SM21 9222D

<u>Parameter</u>	<u>Results</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>
Fecal Coliform	1.00U	1.00	1.00	1.00	col/100mL

Batch Information

Analytical Batch: BTF20971

Analytical Method: SM21 9222D

Instrument:

Analyst: M.A

Analytical Date/Time: 5/28/2024 7:12:00PM

Print Date: 05/30/2024 2:11:51PM



Method Blank

Blank ID: MB for HBN 1886531 [BTF/20973]

Matrix: Water (Surface, Eff., Ground)

Blank Lab ID: 1765321

QC for Samples:

1242375001, 1242375002, 1242375003, 1242375004, 1242375005

Results by ENTEROLERT

<u>Parameter</u>	<u>Results</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>
Enterococci	1.00U	1.00	1.00	1.00	MPN/100m

Batch Information

Analytical Batch: BTF20973

Analytical Method: ENTEROLERT

Instrument:

Analyst: M.A

Analytical Date/Time: 5/28/2024 7:10:00PM

Print Date: 05/30/2024 2:11:56PM

Whisman, Curtis (Anchorage)

From: Grace Ellwanger <Grace.Ellwanger@kodiakhealthcare.org>
Sent: Tuesday, May 28, 2024 3:17 PM
To: Whisman, Curtis (Anchorage)
Subject: RE: [EXTERNAL] Kodiak, Incoming Samples

Follow Up Flag: Follow up
Flag Status: Flagged

*** WARNING: this message is from an EXTERNAL SENDER. Please be cautious, particularly with links and attachments. ***

Yes, please proceed with analysis even if they are out of hold time.

Thanks for asking!

From: Whisman, Curtis (Anchorage) <curtis.whisman@sgs.com>
Sent: Tuesday, May 28, 2024 3:13 PM
To: Grace Ellwanger <Grace.Ellwanger@kodiakhealthcare.org>
Subject: RE: [EXTERNAL] Kodiak, Incoming Samples

Grace,

It looks like the flight isn't scheduled to land until after 5 pm. This might put some of the earlier samples really close or just out of hold by the time the cooler is ready for pickup. We'll do our best to get the kit as early as possible, but if we receive some of these out of hold, would you like us to proceed with analysis?

Thanks.

Curtis Whisman
Industries & Environment
Project Manager
SGS North America Inc.

Phone: (907) 562-2343

From: Grace Ellwanger <Grace.Ellwanger@kodiakhealthcare.org>
Sent: Tuesday, May 28, 2024 2:42 PM
To: Whisman, Curtis (Anchorage) <curtis.whisman@sgs.com>
Subject: RE: [EXTERNAL] Kodiak, Incoming Samples

*** WARNING: this message is from an EXTERNAL SENDER. Please be cautious, particularly with links and attachments. ***

Curtis,

Our sample times ranged from 9:50am to 12:30pm

Thanks,
Grace



SGS North America Inc.
CHAIN OF CUSTODY RECORD

SG
20
An
en
WM

1242375



Profile #: 397766 Int.: CTW

CLIENT: Kodiak Area Native Association					Instructions: Sections 1 - 5 must be filled out. Omissions may delay the onset of analysis.										Page 1 of 2																																																																																									
CONTACT: Andie Wall			PHONE #: 907-654-1443		Section 3		Preservative																																																																																																	
PROJECT NAME: Kodiak Island BEACH Monitoring					Project/Permit Number:		<table border="1"> <tr> <td rowspan="2">Sample Type</td> <td colspan="10">Analysis*</td> <td rowspan="2">NOTE: *The following analyses require specific method and/or compound list: BTEX, Metals, PFAS</td> </tr> <tr> <td colspan="2">None</td> <td colspan="2">None</td> <td colspan="2">None</td> <td colspan="2">None</td> <td colspan="2">None</td> <td colspan="2">None</td> </tr> </table>										Sample Type	Analysis*										NOTE: *The following analyses require specific method and/or compound list: BTEX, Metals, PFAS	None		None		None		None		None		None																																																																	
Sample Type	Analysis*																	NOTE: *The following analyses require specific method and/or compound list: BTEX, Metals, PFAS																																																																																						
	None		None		None		None		None		None																																																																																													
REPORTS TO: Andie Wall, Gretchen Augat, and Kasey Jo Wright					E-MAIL: andie.wall@kodiakhealthcare.org, gretchen.augat@alaska.gov, kaseyjo.wright@kodiakhealthcare.org												REMARKS/LOC ID																																																																																							
INVOICE TO: Andie Wall					QUOTE #:																																																																																																			
P.O. #:																																																																																																								
<table border="1"> <thead> <tr> <th>RESERVED for lab use</th> <th>SAMPLE IDENTIFICATION</th> <th>DATE mm/dd/yy</th> <th>TIME HH:MM</th> <th>MATRIX/MATRIX CODE</th> <th>#</th> <th>CONTAINERS</th> <th>Sample Type</th> <th>Comp</th> <th>Grab</th> <th>MI</th> <th>Fecal Coliform</th> <th>Enterococci</th> <th colspan="4">Analysis*</th> <th>REMARKS/LOC ID</th> </tr> </thead> <tbody> <tr> <td>1AB</td> <td>MISSION BEACH</td> <td>05/28/24</td> <td>11:22a</td> <td>W</td> <td>2</td> <td>GRAB</td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2AB</td> <td>MISSION BEACH - DUP</td> <td>I</td> <td>I</td> <td>W</td> <td>2</td> <td>GRAB</td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3AB</td> <td>BUSKIN BEACH</td> <td>I</td> <td>11:54a</td> <td>W</td> <td>2</td> <td>GRAB</td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4AB</td> <td>FRYE POINT</td> <td>I</td> <td>12:30a</td> <td>W</td> <td>2</td> <td>GRAB</td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>															RESERVED for lab use	SAMPLE IDENTIFICATION	DATE mm/dd/yy	TIME HH:MM	MATRIX/MATRIX CODE	#	CONTAINERS	Sample Type	Comp	Grab	MI	Fecal Coliform	Enterococci	Analysis*				REMARKS/LOC ID	1AB	MISSION BEACH	05/28/24	11:22a	W	2	GRAB	X	X										2AB	MISSION BEACH - DUP	I	I	W	2	GRAB	X	X										3AB	BUSKIN BEACH	I	11:54a	W	2	GRAB	X	X										4AB	FRYE POINT	I	12:30a	W	2	GRAB	X	X									
RESERVED for lab use	SAMPLE IDENTIFICATION	DATE mm/dd/yy	TIME HH:MM	MATRIX/MATRIX CODE	#	CONTAINERS	Sample Type	Comp	Grab	MI	Fecal Coliform	Enterococci	Analysis*				REMARKS/LOC ID																																																																																							
1AB	MISSION BEACH	05/28/24	11:22a	W	2	GRAB	X	X																																																																																																
2AB	MISSION BEACH - DUP	I	I	W	2	GRAB	X	X																																																																																																
3AB	BUSKIN BEACH	I	11:54a	W	2	GRAB	X	X																																																																																																
4AB	FRYE POINT	I	12:30a	W	2	GRAB	X	X																																																																																																
Comments:																																																																																																								
DOD Project? YES NO					Turnaround Time Requested					SGS Sample Receipt (Lab Use Only)																																																																																														
Data Deliverables Requested					Standard					Delivery Method: Client Commercial																																																																																														
DataView Level 4 SEDD ERPIMS EQUIS Other:					Rush Requested Rush Report Date:					Did each cooler have a corresponding COC? Yes No																																																																																														
Chain of Custody Seal Condition: INTACT BROKEN ABSENT					COC Seal Location(s): IF																																																																																																			
RELINQUISHED BY:					DATE:		TIME:		RECEIVED BY:					Cooler ID		Temperature (°C)		Therm. ID																																																																																						
<i>[Signature]</i>					05/28/24		11:07am		<i>[Signature]</i>					1.		142		D23																																																																																						
														2.																																																																																										
														3.																																																																																										
<p>Note: If temp. is outside 0-6° and samples were not taken <8 hours ago OR are waste samples, Client or PM should initial here or attach an email change order to proceed with analysis. If ice is present, note on form F102B.</p>															Intials: _____																																																																																									

Laboratory Use Only

<http://www.sgs.com/terms-and-conditions>



SGS North America Inc.
CHAIN OF CUSTODY RECORD

1242375



Profile #:

Int.:

www.us.sgs.com

Page 2 of 2

CLIENT: Kodiak Area Native Association		Instructions: Sections 1 - 5 must be filled out. Omissions may delay the onset of analysis.																		
CONTACT: Andie Wall		PHONE #: 907-654-1443		Section 3		Preservative														
Section 1	PROJECT NAME: Kodiak Island BEACH Monitoring		Project/Permit Number:		#	Analysis*														
	REPORTS TO: Andie Wall, Gretchen Augat, and Kasey Jo Wright		E-MAIL: andie.wall@kodiakhealthcare.org gretchen.augat@alaska.gov kaseyjo.wright@kodiakhealthcare.org					CONTAINERS	NOTE: *The following analyses require specific method and/or compound list: BTEX, Metals, PFAS											
	INVOICE TO: Andie Wall		QUOTE #: P.O. #:								Sample Type	REMARKS/LOC ID								
RESERVED for lab use	SAMPLE IDENTIFICATION	DATE mm/dd/yy	TIME HH:MM	MATRIX/MATRIX CODE	MI															
54B	LIGHTHOUSE BEACH	05/28/24	10:00a	W	2	GRAB	X	X												

Comments:

Section 4	DOD Project? YES NO		Turnaround Time Requested			SGS Sample Receipt (Lab Use Only)						
	Data Deliverables Requested		Standard Rush			Delivery Method: Client Commercial		Chain of Custody Seal Condition:				
Section 5	DataView Level 4		SEDD ERPIMS		EQUIS Other:		Did each cooler have a corresponding COC? Yes No		INTACT BROKEN ABSENT			
	Requested Rush Report Date:		Cooler ID		Temperature (°C)		COC Seal Location(s): IF					
	RELINQUISHED BY:		DATE:		TIME:		RECEIVED BY:		Therm. ID			
<i>[Signature]</i>		5/28/24		10:00a		<i>[Signature]</i>		1. 14.2 D23				
<i>[Signature]</i>		5/28/24		1:07pm		<i>[Signature]</i>		2.				
<i>[Signature]</i>		5/28/24		1:07pm		<i>[Signature]</i>		3.				
Note: If temp. is outside 0-6° and samples were not taken <8 hours ago OR are waste samples, Client or PM should initial here or attach an email change order to proceed with analysis. If ice is present, note on form F102B.								Initials: _____				



1242375



SAMPLE RECEIPT FORM

Project Manager Completion				
Was all necessary information recorded on the COC upon receipt? (temperature, COC seals, etc.?)	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	
Was temperature between 0-6° C?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	If "No", are the samples either exempt* or sampled <8 hours prior to receipt? <i>Proceed - rec'd < 8 hrs.</i>
Were all analyses received within holding time*?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	<i>Proceed</i>
Was a method specified for each analysis, where applicable? If no, please note correct methods.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	
Are compound lists specified, where applicable? For project specific or special compound lists please note correct analysis code.	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	
If rush was requested by the client, was the requested TAT approved?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	If "NO", what is the approved TAT?
If SEDD Deliverables are required, were Location ID's and an NPDN Number provided?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	If "NO", contact client for information.
Sample Login Completion				
Do ID's on sample containers match COC?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	
If provided on containers, do dates/times collected match COC?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	Note: If times differ <1 hr., record details below and login per COC.
Were all sample containers received in good condition?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	
Were proper containers (type/mass/volume/preservative) received for all samples? <i>*See form F-083 "Sample Guide"</i>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Note: If 200.8/6020 Total Metals are received unpreserved, preserve and note HNO3 lot here: If 200.8/6020 Dissolved Metals are received unpreserved, log in for LABFILTER and do not preserve. For all non-metals methods, inform Project Manager.
Were Trip Blanks (VOC, GRO, Low-Level Hg, etc.) received with samples, where applicable*?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	
Were all VOA vials free of headspace >6mm?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	
Were all soil VOA samples received field extracted with Methanol?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	
Did all soil VOA samples have an accompanying unpreserved container for % solids?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	
If special handling is required, were containers labelled appropriately? e.g. MI/ISM, foreign soils, lab filter, Ref Lab, limited volume	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	
For Rush/Short Holding time, was the lab notified?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	
For any question answered "NO", was the Project Manager notified?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	PM Initials:
Was Peer Review of sample numbering/labelling completed?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	Reviewer Initials:
Additional Notes/Clarification where Applicable, including resolution of "No" answers when a change order is not attached:				

027 ADQ 70707361

027-70707361

Shipper's Name and Address SGS NORTH AMERICA 200 W POTTER DRIVE ANCHORAGE AK US 99518 9075622343		Shipper's Account Number		Not negotiable Air Waybill Issued by ALASKA AIRLINES ***			
Consignee's Name and Address SGS NORTH AMERICA 200 W POTTER DRIVE ANCHORAGE AK US 99518 9075622343		Consignee's Account Number		Copies 1,2 and 3 of this Air Waybill are originals and have the same validity			
Issuing Carrier's Agent Name and City KODIAK AREA NATIVE ASSOCIATION KODIAK		Accounting Information		It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.			
Agents IATA Code 9999999		Account No. 27441003995					
Airport of Departure (Addr. of First Carrier) and Requested Routing KODIAK - KODIAK AIRPORT		Reference Number		Optional Shipping Information			
To ANC	By First Carrier AS	Routing and Destination	to	by	to		
Airport of Destination ANCHORAGE - TED S		Requested Flight/Date AS 0088/28-May	Currency USD	Chgs	WT/ Val		
				PPD COLL	Other PPD COLL		
				X	X		
			Amount of Insurance XXX	Declared Value for Carriage NVD	Declared Value for Customs NCV		
Handling Information		INSURANCE - If carrier offers insurance and such insurance is requested in accordance with conditions on reverse hereof indicate amount to be insured in figures in box marked "Amount o					
		SCI					
No. of Pieces RCP	Gross Weight	K lb	Rate Class	Chargeable Weight	Rate / Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
1	8.00	L	M	8.00	57.00	57.00	NONSCR GENERAL DIMS(CMT)20.32x20.32x20.32/1
1	8.00					57.00	
Prepaid		Weight Charge		Collect		Other Charges	
57.00						XBC12.5PP	
Valuation Charge		Tax					
4.34							
Total other Charges Due Age		Total other Charges Due Carrier				Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.	
12.50						Signature of Shipper or his Agent	
Total Prepaid		Total Collect					
73.84							
Currency Conversion Rates		cc charges in Dest. Currency		28-MAY-2024 01:30		ADQ 1077703	
				Executed on (Date)		at (Place) Signature of Issuing Carrier or its Agent	
For Carrier Use only at Destination		Charges at Destination		Total Collect Charges		1242375	



027-70707361



Sample Containers and Preservatives

<u>Container Id</u>	<u>Preservative</u>	<u>Container Condition</u>	<u>Container Id</u>	<u>Preservative</u>	<u>Container Condition</u>
1242375001-A	Na2S2O3 for Chlorine Redu	OK			
1242375001-B	Na2S2O3 for Chlorine Redu	OK			
1242375002-A	Na2S2O3 for Chlorine Redu	OK			
1242375002-B	Na2S2O3 for Chlorine Redu	OK			
1242375003-A	Na2S2O3 for Chlorine Redu	OK			
1242375003-B	Na2S2O3 for Chlorine Redu	OK			
1242375004-A	Na2S2O3 for Chlorine Redu	OK			
1242375004-B	Na2S2O3 for Chlorine Redu	OK			
1242375005-A	Na2S2O3 for Chlorine Redu	OK			
1242375005-B	Na2S2O3 for Chlorine Redu	OK			

Container Condition Glossary

Containers for bacteriological, low level mercury and VOA vials are not opened prior to analysis and will be assigned condition code OK unless evidence indicates than an inappropriate container was submitted.

OK - The container was received at an acceptable pH for the analysis requested.

BU - The container was received with headspace greater than 6mm.

DM - The container was received damaged.

FR - The container was received frozen and not usable for Bacteria or BOD analyses.

IC - The container provided for microbiology analysis was not a laboratory-supplied, pre-sterilized container and therefore was not suitable for analysis.

NC- The container provided was not preserved or was under-preserved. The method does not allow for additional preservative added after collection.

PA - The container was received outside of the acceptable pH for the analysis requested. Preservative was added upon receipt and the container is now at the correct pH. See the Sample Receipt Form for details on the amount and lot # of the preservative added.

PH - The container was received outside of the acceptable pH for the analysis requested. Preservative was added upon receipt, but was insufficient to bring the container to the correct pH for the analysis requested. See the Sample Receipt Form for details on the amount and lot # of the preservative added.

QN - Insufficient sample quantity provided.