

CUSTOMER REQUEST FOR HAZARDOUS WASTE & PHYSICAL/CHEMICAL ANALYSIS

FROM :		DATE OF REQUEST :	
TO : PWC CODE 940, Environmental Laboratory Division PWC CODE 900, Environmental Department		Laboratory TEL : 243 - 7557 Office TEL : 243 - 9062	
TYPE OF SAMPLE : <input type="checkbox"/> : WASTE OIL <input type="checkbox"/> : WASTE HYDRAULIC FLUID <input type="checkbox"/> : WASTE PAINT <input type="checkbox"/> : WASTE PAINT CHIP <input type="checkbox"/> : WASTE ADHESIVE <input type="checkbox"/> : WASTE SOLVENT <input type="checkbox"/> : WASTE CHEMICAL <input type="checkbox"/> : WASTE PHOTO CHEMICAL <input type="checkbox"/> : OTHER HAZARDOUS WASTE <input type="checkbox"/> : SOIL <input type="checkbox"/> : WASTE WATER <input type="checkbox"/> : DRINKING WATER			
NSN # OF SAMPLE :			
SOURCE OF SAMPLE :			
SAMPLE QUANTITY :			
SAMPLING DATE :			
COLLECTED BY :			
REQUESTOR'S NAME :		TEL NO :	
SER # OF SAMPLE :			
REQUEST NO :		JOB ORDER NO :	
REQUEST OF SAMPLING :		<input type="checkbox"/> YES	<input type="checkbox"/> NO
TEST ITEMS (BY CUSTOMER)			
PHYSICAL STATE :			
<input type="checkbox"/> SOLID	<input type="checkbox"/> LIQUID	<input type="checkbox"/> SEMI - SOLID	<input type="checkbox"/> POWDER <input type="checkbox"/> OTHER
PHYSICAL TEST :			
<input type="checkbox"/> API GR	<input type="checkbox"/> TOTAL HALOGEN	<input type="checkbox"/> VOLATILE /NON-VOLATILE %	
<input type="checkbox"/> DENSITY	<input type="checkbox"/> OIL - CONTENT	<input type="checkbox"/> WATER & SEDIMENT %	
<input type="checkbox"/> COLOR	<input type="checkbox"/> DISTILLATION	<input type="checkbox"/> PHENOL	
<input type="checkbox"/> FLASH POINT	<input type="checkbox"/> P H	<input type="checkbox"/> OTHER	
HEAVY METALS :		ORGANICS :	
<input type="checkbox"/> ARSENIC	<input type="checkbox"/> PCB	<input type="checkbox"/> P H	
<input type="checkbox"/> CADMIUM	<input type="checkbox"/> TETRACHLOROETHYLENE	<input type="checkbox"/> CONDUCTIVITY	
<input type="checkbox"/> CHROMIUM	<input type="checkbox"/> TRICHLOROETHYLENE	<input type="checkbox"/> TURBIDITY	
<input type="checkbox"/> LEAD	<input type="checkbox"/> CARBON TETRACHLORIDE	<input type="checkbox"/> CHLORINE RESIDUAL	
<input type="checkbox"/> MERCURY	<input type="checkbox"/> BENZENE	<input type="checkbox"/> ALKALINITY	
<input type="checkbox"/> COPPER	<input type="checkbox"/> METHYL ETHYL KETONE	<input type="checkbox"/> TOTAL HARDNESS	
<input type="checkbox"/> ZINC	<input type="checkbox"/> OTHER ORGANIC SOLVENT	<input type="checkbox"/> POTASSIUM PERMANGANATE	
<input type="checkbox"/> IRON		<input type="checkbox"/> TOTAL IRON	
<input type="checkbox"/> NICKEL		<input type="checkbox"/> COPPER	
<input type="checkbox"/> SILVER		<input type="checkbox"/> ZINC	
<input type="checkbox"/> BARIUM		<input type="checkbox"/> LEAD	
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> COLIFORM GROUP	
<input type="checkbox"/>		<input type="checkbox"/> OTHER	
CODE 940	RECEIVED DATE :		
	RECEIVED NAME :		
	RECEIVED NO. :		
REMARKS :			