

# U.S. EPA Region III Analytical Request Form

Revision 10.06

ASQAB USE ONLY		
<b>RAS#</b>		<b>Analytical TAT</b>
<b>DAS#</b>		
<b>NSF#</b>		

Date:		Site Activity:					
Site Name:				Street Address:			
City:			State:		Latitude:		Longitude:
Program:		Acct. #: 2007			CERCLIS #:		
Site ID:		Spill ID:			Operable Unit:		
Site Specific QA Plan Submitted:		<input type="checkbox"/> No <input type="checkbox"/> Yes		Title:		Date Approved:	
EPA Project Leader:			Phone#:		Cell Phone #:		E-mail:
Request Preparer:			Phone#:		Cell Phone #:		E-mail:
Site Leader:			Phone#:		Cell Phone #:		E-mail:
Contractor:			EPA CO/PO:				
#Samples	Matrix:		Parameter:			Method:	
#Samples	Matrix:		Parameter:			Method:	
#Samples	Matrix:		Parameter:			Method:	
#Samples	Matrix:		Parameter:			Method:	
#Samples	Matrix:		Parameter:			Method:	
#Samples	Matrix:		Parameter:			Method:	
#Samples	Matrix:		Parameter:			Method:	
#Samples	Matrix:		Parameter:			Method:	
Ship Date From:		Ship Date To:		Org. Validation Level		Inorg. Validation Level	
Unvalidated Data Requested: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, TAT Needed: <input type="checkbox"/> 14days <input type="checkbox"/> 7days <input type="checkbox"/> 72hrs <input type="checkbox"/> 48hrs <input type="checkbox"/> 24hrs <input type="checkbox"/> Other (Specify)							
Validated Data Package Due: <input type="checkbox"/> 42 days <input type="checkbox"/> 30 days <input type="checkbox"/> 21days <input type="checkbox"/> 14 days <input type="checkbox"/> Other (Specify)							
Electronic Data Deliverables Required: <input type="checkbox"/> No <input type="checkbox"/> Yes (EDDs will be provided in Region 3 EDD Format)							
Special Instructions:							