U.S EPA Region III Analytical Request Form

Revision 11.09

OASQA USE ONLY			
Control #	**CT**	**RAS #**	
DAS#		**NSF #**	
PES #		**Analytical TAT**	

Date:	Site Activity:			
Site Name:		Street Address:		
City:	State:	Latitude:	Longitude:	
Program:	Acct. #:	CERCLIS #:		
Site ID:	Spill ID:	Operable Unit:		
Site Specific QA Plan Submitted: ☐ No ☐ 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:	
#Samples	Matrix:	Parameter:	Method:	
Ship Date From:	Ship Date To:	Org. Validation Level	Inorg. Validation Level	

Unvalidated Data Requested: ☐ No ☐ Yes If Yes, TAT Needed: ☐ 14days ☐ 7days ☐ 72hrs ☐ 48hrs ☐ 24hrs ☐ Other (Specify)

Validated Data Package Due: ☐ 42 days ☐ 30 days ☐ 21days ☐ 14 days ☐ Other (Specify)

Electronic Data Deliverables Required: ☐ No ☐ Yes (EDDs will be provided in Region 3 EDD Format)

Special Instructions: