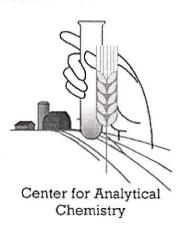
FAX MESSAGE

California Department of Food and Agriculture



Department of Food and Agriculture Center for Analytical Chemistry-Residue 3292 Meadowview Road Sacramento, CA 95832 916-228-6856 916-228-6876 (FAX)

TO: Pesticide Enforcement	DATE: 12/20 19 TIME: 1500
Main Office Northern Region	Central Region Southern Region
ATTN: Christopher Rumivoz	<u>Sutter</u> County
FROM: Sacramento Pesticide Residue and Food S	Safety Laboratory
~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***********
Sheet(s) to follow. Please date and initial and	
Contents: RESULTS OF ANALYSIS CAC	Market
Sample no. <u>R19000347</u> to	R1900349
to	
Sample no	is a violation
Fax Received by:	DATE:TIME:
Please Note:	

The information contained in this facsimile message is intended for the personal and confidential use of the designated recipient named above. This message may be attorney-client communication or confidential by statute and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agency responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify the sender or this office immediately and return the original message to us by mail.



State of California
Department of Pesticide Regulation
INVESTIGATIVE SAMPLE ANALYSIS REPORT
DPR-ENF-030 (Rev. 03/16)
Page 1 of 2

Page 1 of 2								
Important: 1. Use only one analysis report form per sample. 2. Complete chain of custody record on reverse. 3. Use black or blue inkprint legibly. 4. Original will be returned to the Analysis Requester.	For Laboratory Use On LABORATORY CONDUCTING ANALY ANAHEIM SACRAMENTO			ABORATORY	R19C00347			
A. Sample Analysis Requester								
AGENCY NAME (Complete name)			ER (Include Area Co	53		(Include Area Cod	de)	
ADDRESS (Number and Street, City, State, ZIP Code)		(530) 822-75			(530) 822			
142 GARDEN HIGHWAY, YUBA CITY, CA	95991					ESS (If results to t		
B. Sample Source								
PROPERTY OPERATOR / COMPLAINANT NAME		OPERATOR IDENTI	FICATION/PERMIT I	NUMBER	TELEPHONE	NUMBER (Include	Area Code)	
ADDRESS (Number and Street, City, State, ZIP Code) YUBA CITY, CA 95	5993							
SECTION, TOWNSHIP, RANGE		SITE IDENTIFICATION	ON NUMBER					
SAMPLE LOCATION (Address or Description)	n			Т	COUNTY			
SAME					SUTTER			
C. Sample Information								
SAMPLE CONSISTS OF:		COMMODITY/ACRE	S (If applicable)		8/15/19 C	ITIFICATION NUN	IBER	
FOLIAGE		GRASS			STRUCTURAL-RELATED			
SAMPLE PRIORITY (Priority descriptions on reverse side of this form)  #1 #2 #3	BASIS FOR SAMPLE (Check	one box only)  ANIMAL ILLNE:	SS/BEE LOSS X	PLANT SY	MPTOMS	ENVIRONM	MENTAL EFFECTS	
	OSITE SAMPLE YES	Пио						
	RFACE/SWAB, INDICATE TOT.				SOLVENT US	ED:		
	LODGEABLE, INDICATE PUN							
DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if availated POTENTIAL DRIFT	able)						2	
SAMPLE COLLECTOR (Print name)	S	GNATURE		7	Ð	ATE SAMPLED		
CHRISTOPHER RAMIREZ		In	my	la	and the same of th	8/15/19		
D1. Sample Discard Instructions			L	DISCARD	DATE, IF DIFF	ERENT		
Sample to be discarded 3 months after completion of		d otherwise by the	Requester.					
D2. Sample Condition Upon Receipt (Laborate SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LIST FOR YES NO I								
E. Laboratory Determination - Results relate	only to the sample te	sted						
ANALYSIS REQUESTED: SPECIFIC PESTICIDE(S) (Specify below)  PESTICIDE SCREENS	PESTICIDE DETECT		AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST	
DIQUAT DIBROMIDE	Diguat Dibri	omide	3205	ppm	0.25	998	522M	
DICAMBA	Dicamba		120	Ppm	0.05	998	52 PW	
FLUAZIFOP-P-BUTYL F	Luazifop-i	- Budyl	79	ppm	0.02	805	52PW	
				-				
ANALYST DATE	ANALYSIS COMPLETED		REVIEWED BY	- 11	f			
RESULTS FORWARDED TO	1420119		Je	VIA (Check o	one):	MAIL	FACSIMILE	
DATE TIME	BY			Terroon (			_	
							(Over)	

#### Page 2 of 2 F. Sample Information R19C00347 SAMPLE COLLECTOR (Print name) SAMPLE IDENTIFICATION NUMBER LABORATORY NUMBER CHRISTOPHER RAMIREZ 8/15/19 CR1 G. Preservation Method During Transport "Blue" Ice Dry Ice Cooler Cool Dry Container None Other H. Primary Sample Container Description Paper bag Plastic Bag Glass Jar Plastic Jar Amber Jar Other I. Transport Information NAME AND LOCATION OF COMMON CARRIER (If used) REGIONAL OFFICE CONTACTED W. Sacramento (NRO) Clovis (CRO) Anaheim (SRO) (916) 376-8960 (559) 297-3511 (714) 279-7690 DESTINATION SHIPPING INVOICE NUMBER CA Dept. of Food and Agriculture CA Dept. of Food and Agriculture Sacramento Residue Laboratory Anaheim Residue Laboratory DOT NUMBER/CLASSIFICATION (If necessary) 3292 Meadowview Road 169 East Liberty Avenue Sacramento, California 95832 Anaheim, California 92801 DATE SAMPLE SHIPPED TIME PH: (916) 262-1434 PH: (714) 680-7901 FAX: (916) 228-6876 FAX: (714) 680-7919 I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled. I additionally certify that this sample analysis is necessary in connection with matters relating to my official duties. SAMPLE COLLECTOR (Print name) SIGNATURE DATE CHRISTOPHER RAMIRZ J. Chain of Custody (Please sign) RECEIVED FROM (Sample Collector) DELIVERED TO TIME (AMPM) FOR SHIPPING Suffer Canty FOR STORAGE 10:30 FOR ANALYSIS DELIVERED TO TIME (AM/RM) FOR SHIPPING STORAGE LOCATION 2:00 FOR STORAGE FOR ANALYSIS RECEIVED FROM TIME (AM/PM) FOR SHIPPING STORAGE LOCATION FOR STORAGE 33 0315 FOR ANALYSIS TIME (AMPM) DATE FOR SHIPPING STORAGE LOCATION 255 FOR STORAGE FOR ANALYSIS STORAGE COCATION DATE TIME (AM/PM) FOR SHIPPING FOR STORAGE 11/2/19 0800 5. FOR ANALYSIS DATE RECEIVED FROM DELIVERED TO TIME (AM/PM) STORAGE LOCATION FOR SHIPPING FOR STORAGE 12/5/19 8:35 FOR ANALYSIS For Sacramento Laboratory Use Only (When sample sent by common carrier): I certify that upon receipt, the package containing this sample received from the common carrier was closed and sealed and there was no sign that the package was opened or otherwise tampered with prior to its delivery to or in the laboratory receiving room. Analyses SIGNATURE SAMPLE PRIORITIZATION: Priority 1: Samples where immediate preventative or remedial action can be taken to treat exposed persons or animals or to protect people from exposure. Analysis goal for screens is 24 hours from receipt by the Laboratory. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester. Priority 2: Samples related to other human effects episodes identified as priority investigations. Analysis goal is 30 days. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester. Priority 3: Other evidentiary samples. Analysis goal is 90 days, however, workload generated by status samples 1 and 2 may impact completion date. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester. PROPER SAMPLE SIZE AND APPROVAL FOR ANALYSIS - Refer to the Evidence Collection section of the Investigation Procedures Standards Manual for proper sample sizes. You must obtain approval from your DPR Enforcement Branch Liaison or regional office prior to submitting samples for laboratory analysis.

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

DPR-ENF-030 (Rev. 03/16)

ABBREVIATION OF TERMS:

DET. LIMIT=Detection Limit DET. CODE=Detection Code

01=ECD, Electron Capture Detector 02=FPD, Flame Photometric Detector

07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole 35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec. 52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec.

DIAL 9-1-1 IN CASE OF ANY EMERGENCY

EXT. CODE=Extraction Code 805=QuEChERS Approach 998=Single Analyte Extraction Method 999=Original CDFA Extraction Method State of California
Department of Pesticide Regulation
INVESTIGATIVE SAMPLE ANALYSIS REPORT
DPR-ENF-030 (Rev. 03/16)
Page 1 of 2

rage rorz										
Important: 1. Use only one analysis report form per sample. 2. Complete chain of custody record on reverse. 3. Use black or blue inkprint legibly. 4. Original will be returned to the Analysis Reques	LABORATORY CO	For Laboratory Use Only LABORATORY CONDUCTING ANALYSIS: ANAHEIM SACRAMENTO			R19C00348					
A. Sample Analysis Requester  AGENCY NAME (Complete name)										
SUTTER COUNTY AG DEPARTMENT	TELEPHONE NUMBER (Include Area Code)				FAX NUMBER (Include Area Code)					
ADDRESS (Number and Street, City, State, ZIP Code)		(530) 822-75			(530) 822	ESS (If results to t				
142 GARDEN HIGHWAY, YUBA CITY,	CA 95991					e@co.sutter.ca				
B. Sample Source	TANDO I									
PROPERTY OPERATOR / COMPLAINANT NAME		OPERATOR IDENTII	FICATION/PERMIT	NUMBER	TELEPHONE	NUMBER (Include	Area Code)			
ADDRESS (Number and Street, City, State, ZIP Code) YUBA CITY, CA	\ 95993									
SECTION, TOWNSHIP, RANGE		SITE IDENTIFICATIO	ON NUMBER							
SAMPLE LOCATION (Address or Description) SAME					COUNTY SUTTER					
C. Sample Information										
SAMPLE CONSISTS OF: FOLIAGE		COMMODITY/ACRES (If applicable)  GRASS			SAMPLE IDENTIFICATION NUMBER 8/15/19 CR2					
T OLIVIOL		GIVAGG			STRUC	TURAL-RELATED				
SAMPLE PRIORITY (Priority descriptions on reverse side of this fo	BASIS FOR SAMPLE (Check of HEALTH HAZARD	one box only) ANIMAL ILLNES	SS/BEE LOSS	PLANT SY	MPTOMS	ENVIRONM	IENTAL EFFECTS			
CONTROL SAMPLE YES NO CO	OMPOSITE SAMPLE YES	Пио								
	SURFACE/SWAB, INDICATE TOTAL			;	SOLVENT US	SED:				
	DISLODGEABLE, INDICATE PUNC	CH SIZE/# OF LEAF	PUNCHES:							
DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if POTENTIAL DRIFT	available)									
SAMPLE COLLECTOR (Print name) CHRISTOPHER RAMIREZ	SI	GNATURE	1	Two	× 0	3/15/19				
D1. Sample Discard Instructions		,	1	DISCARD	DATE, IF DIFF	ERENT				
Sample to be discarded 3 months after completion	n of analysis, unless instructed	d otherwise by the	Requester.	500 VI						
D2. Sample Condition Upon Receipt (Labo SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, L	oratory Use Only) IST REASON(S)									
E. Laboratory Determination - Results rela	ata anii ta tha assuula ta	-41								
ANALYSIS REQUESTED:  SPECIFIC PESTICIDE(S)  PESTICIDE SCREENS (Specify below)	PESTICIDE DETECTI		AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST			
DIQUAT DIBROMIDE	Diquation	brand	1.5	Pom	0.25	998	52RV			
DICAMBA	Dicamba	9535 355 5	0.92	Dam	0.05	998	52 PH			
FLUAZIFOP-P-BUTYL	FLugitop-P-	Budy 1	0.20	DAM	D.DZ	805	3SPM			
	, ,	3								
ANALYST R. Mass	DATE ANALYSIS COMPLETED		REVIEWEDBY	1						
RESULTS FORWARDED TO	BY		/	VIA (Check o	one): E	-MAIL	FACSIMILE			
DATE TIME							<i>(</i> 0)			

#### INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD DPR-ENF-030 (Rev. 03/16) Page 2 of 2 F. Sample Information SAMPLE COLLECTOR (Print name) SAMPLE IDENTIFICATION NUMBER LABORATORY NUM R19C00348 CHRISTOPHER RAMIREZ 8/15/19 CR2 G. Preservation Method During Transport "Blue" Ice Cooler Cool Dry Container Dry Ice None Other H. Primary Sample Container Description Paper bag Plastic Bag Glass Jar Plastic Jar Amber Jar Other I. Transport Information NAME AND LOCATION OF COMMON CARRIER (If used) REGIONAL OFFICE CONTACTED W. Sacramento (NRO) Clovis (CRO) Anaheim (SRO) (559) 297-3511 (916) 376-8960 (714) 279-7690 SHIPPING INVOICE NUMBER DESTINATION CA Dept. of Food and Agriculture CA Dept. of Food and Agriculture Sacramento Residue Laboratory Anaheim Residue Laboratory DOT NUMBER/CLASSIFICATION (If necessary) 3292 Meadowview Road 169 East Liberty Avenue Sacramento, California 95832 Anaheim, California 92801 DATE SAMPLE SHIPPED TIME PH: (916) 262-1434 PH: (714) 680-7901 FAX: (916) 228-6876 FAX: (714) 680-7919 I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled. I additionally certify that this sample analysis is necessary in connection with matters relating to my official duties. SAMPLE COLLECTOR (Print name) SIGNATURE CHRISTOPHER RAMIRZ J. Chain of Custody (Please sign) TIME (AM/PM) RECEIVED FROM (Sample Collector) STORAGE LOCATION FOR SHIPPING FOR STORAGE 0:30 frida FOR ANALYSIS TIME (AM/RM) DELIVERED TO DATE FOR SHIPPING STORAGE LOCATION FOR STORAGE 1:00 FOR ANALYSIS TIME (AMPM) DELIVERED TO DATE RECEIVED FROM FOR SHIPPING STORAGE LOCATION FOR STORAGE B3 0315 8-12.10 FOR ANALYSIS TIME (AMPM) RECEIVED FROM DATE STORAGE LOCATION DELIVERED TO FOR SHIPPING FOR STORAGE FOR ANALYSIS RECEIVED FROM DATE TIME (AM/PM) STORAGE LOCATION FOR SHIPPING FOR STORAGE 5. Zb FOR ANALYSIS RECEIVED FROM DELIVERED TO STORAGE LOCATION TIME (AM)PM) FOR SHIPPING FOR STORAGE 12/5/19 8:35 6. 7. FOR ANALYSIS For Sacramento Laboratory Use Only (When sample sent by common carrier): I certify that upon receipt, the package containing this sample received from the common carrier was closed and sealed and there was no sign that the package was opened or otherwise tampered with prior to its delivery to or in the laboratory 12/16/19 0700 receiving room. SIGNATURE DATE SAMPLE PRIORITIZATION: Priority 1: Samples where immediate preventative or remedial action can be taken to treat exposed persons or animals or to protect people from exposure. Analysis goal for screens is 24 hours from receipt by the Laboratory. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

Priority 2: Samples related to other human effects episodes identified as priority investigations. Analysis goal is 30 days. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

Priority 3: Other evidentiary samples. Analysis goal is 90 days, however, workload generated by status samples 1 and 2 may impact completion date. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

PROPER SAMPLE SIZE AND APPROVAL FOR ANALYSIS - Refer to the Evidence Collection section of the Investigation Procedures Standards Manual for proper sample sizes. You must obtain approval from your DPR Enforcement Branch Liaison or regional office prior to submitting samples for laboratory analysis.

### ABBREVIATION OF TERMS:

DET. LIMIT=Detection Limit

DET. CODE=Detection Code

01=ECD, Electron Capture Detector 02=FPD, Flame Photometric Detector

07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole

35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec. 52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec.

DIAL 9-1-1 IN CASE OF ANY EMERGENCY

EXT. CODE=Extraction Code 805=QuEChERS Approach

998=Single Analyte Extraction Method 999=Original CDFA Extraction Method State of California
Department of Pesticide Regulation
INVESTIGATIVE SAMPLE ANALYSIS REPORT
DPR-ENF-030 (Rev. 03/16)

Page 1 of 2								
Important:  1. Use only one analysis report form per sample.  2. Complete chain of custody record on reverse.  3. Use black or blue inkprint legibly.  4. Original will be returned to the Analysis Reques	ANAHEIM		LABOR **	R19C00349				
A. Sample Analysis Requester								
AGENCY NAME (Complete name)		TELEPHONE NUMBER (Inc	clude Area Code)		R (Include Area Co	de)		
SUTTER COUNTY AG DEPARTMENT ADDRESS (Number and Street, City, State, ZIP Code)		(530) 822-7500		(530) 82	RESS (If results to			
142 GARDEN HIGHWAY, YUBA CITY,	CA 95991				ue@co.sutter.c			
B. Sample Source								
PROPERTY OPERATOR / COMPLAINANT NAME		OPERATOR IDENTIFICATI	ION/PERMIT NUMBER	R TELEPHONE	NUMBER (Include	Area Code)		
ADDRESS (Number and Street, City, State, ZIP Code)								
YUBA CITY, CA	N 95993							
SECTION, TOWNSHIP, RANGE		SITE IDENTIFICATION NU	MBER					
CAMPIE LOCATION (Astrono Description)								
SAMPLE LOCATION (Address or Description) SAME				SUTTER	3			
C. Sample Information				001121	•			
SAMPLE CONSISTS OF:		COMMODITY/ACRES (If ap	oplicable)	SAMPLEIDE	ENTIFICATION NUM	MBER		
FOLIAGE		GRASS		8/15/19	CR3			
TOLINGE		GNASS			STRUCTURAL-RELATED			
SAMPLE PRIORITY (Priority descriptions on reverse side of this fo	DITTI) BASIS FOR SAMPLE (Check of HEALTH HAZARD	one box only)  ANIMAL ILLNESS/BEE	LOSS V DIANI	T CYMDTOMS				
			ELOSS X PLAN	TSYMPTOMS	ENVIRONM	MENTAL EFFECTS		
	OMPOSITE SAMPLE YES	NO						
SURFACE/SWAB YES NO IF	SURFACE/SWAB, INDICATE TOTAL	AL SURFACE AREA:		SOLVENT U	JSED:			
DISLODGEABLE YES NO IF	DISLODGEABLE, INDICATE PUNC	CH SIZE/# OF LEAF PUNC	HES:					
DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if a POTENTIAL DRIFT	available)							
SAMPLE COLLECTOR (Print name)	SI	GNATURE	7		DATE SAMPLED			
CHRISTOPHER RAMIREZ		ferra	Alla	m	8/15/19			
D1. Sample Discard Instructions			DISC	ARD DATE, IF DIF	FERENT			
Sample to be discarded 3 months after completion		d otherwise by the Req	uester.					
D2. Sample Condition Upon Receipt (Labo SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LI								
YES NO	IST REASON(S)							
E. Laboratory Determination - Results rela	ate only to the sample tes	sted						
ANALYSIS REQUESTED: SPECIFIC PESTICIDE(S) PESTICIDE SCREENS (Specify below)	PESTICIDE DETECTI		AMOUNT UN	IT DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST		
DIQUAT DIBROMIDE	NONE	3	DOY	n 0.25	998	50014		
DICAMBA	None		11	4 55	998	52 PW		
FLUAZIFOP-P-BUTYL	HILL ED D	District A	ppn		CO	25 DW		
	1 may Top-1-	Dury!	1059 DE	m 0.02	500	32 EN		
					805	Dem 12 13		
					-			
ANALYST	DATE ANALYSIS COMPLETED	DEVE	EWED BY					
K. Mas_	12/20/19	7 REVIE	90	11_				
RESULTS FORWARDED TO	BY		VIA (Ch	eck one):	E-MAIL	FACSIMILE		
**************************************	w			Ш.				
DATETIME		_				(Over)		

#### DPR-ENF-030 (Rev. 03/16) Page 2 of 2 F. Sample Information R19C00349 SAMPLE COLLECTOR (Print name) SAMPLE IDENTIFICATION NUMBER LABORAT CHRISTOPHER RAMIREZ 8/15/19 CR3 G. Preservation Method During Transport Dry Ice X "Blue" Ice Cooler Cool Dry Container Ice None Other H. Primary Sample Container Description Paper bag Plastic Bag Glass Jar Plastic Jar Other Amber Jar I. Transport Information NAME AND LOCATION OF COMMON CARRIER (If used) REGIONAL OFFICE CONTACTED W. Sacramento (NRO) Clovis (CRO) Anaheim (SRO) (916) 376-8960 (559) 297-3511 (714) 279-7690 SHIPPING INVOICE NUMBER DESTINATION CA Dept. of Food and Agriculture CA Dept. of Food and Agriculture X Sacramento Residue Laboratory Anaheim Residue Laboratory DOT NUMBER/CLASSIFICATION (If necessary) 3292 Meadowview Road 169 East Liberty Avenue Sacramento, California 95832 Anaheim, California 92801 DATE SAMPLE SHIPPED TIME PH: (916) 262-1434 PH: (714) 680-7901 FAX: (916) 228-6876 FAX: (714) 680-7919 I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled. I additionally certify that this sample analysis is necessary in connection with matters relating to my official duties. SAMPLE COLLECTOR (Print name) SIGNATURE CHRISTOPHER RAMIRZ J. Chain of Custody (Please sign) RECEIVED FROM (Sample Collector) TIME (AM/PM) FOR SHIPPING FOR STORAGE 10:30 FOR ANALYSIS TIME (AM/PM) FOR SHIPPING STORAGE LOCATION FOR STORAGE 2700 FOR ANALYSIS DELIVERED TO TIME (AM/PM) STORAGE LOCATION FOR SHIPPING OR STORAGE 133 8-15-19 FOR ANALYSIS RECEIVED FROM DATE TIME (AMPM) STORAGE LOCATION FOR SHIPPING FOR STORAGE FOR ANALYSIS RECEIVED FROM TIME (AM/PM) FOR SHIPPING FOR STORAGE 5. FOR ANALYSIS RECEIVED FROM DELIVERED TO STORAGE LOCATION FOR SHIPPING FOR STORAGE 12/5/19 8:35 6. FOR ANALYSIS For Sacramento Laboratory Use Only (When sample sent by common carrier): I certify that upon receipt, the package containing this sample received from the common carrier was closed and sealed and there was no sign that the package was opened or otherwise tampered with prior to its delivery to or in the laboratory 12/16/190700 receiving room. SIGNATURE DATE SAMPLE PRIORITIZATION: Priority 1: Samples where immediate preventative or remedial action can be taken to treat exposed persons or animals or to protect people from exposure. Analysis goal for screens is 24 hours from receipt by the Laboratory. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester. Priority 2: Samples related to other human effects episodes identified as priority investigations. Analysis goal is 30 days. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester. Priority 3: Other evidentiary samples. Analysis goal is 90 days, however, workload generated by status samples 1 and 2 may impact completion date. Specific analyses will take longer. Analytical results will be telephoned/faxed/e-mailed/mailed to the requester. The original analysis report will be mailed to the requester.

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

## ABBREVIATION OF TERMS:

DET. LIMIT=Detection Limit

analysis.

DET. CODE=Detection Code

01=ECD, Electron Capture Detector 02=FPD, Flame Photometric Detector

07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole

PROPER SAMPLE SIZE AND APPROVAL FOR ANALYSIS - Refer to the Evidence Collection section of the Investigation Procedures Standards Manual for proper sample sizes. You must obtain approval from your DPR Enforcement Branch Liaison or regional office prior to submitting samples for laboratory

35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec. 52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec.

DIAL 9-1-1 IN CASE OF ANY EMERGENCY

EXT. CODE=Extraction Code 805=QuEChERS Approach 998=Single Analyte Extraction Method

999=Original CDFA Extraction Method