

Important: 1. Use only one analysis report form per sample. 2. Complete chain of custody record on reverse. 3. Use black or blue ink--print legibly. 4. Original will be returned to the Analysis Requester.	For Laboratory Use Only LABORATORY CONDUCTING ANALYSIS: <input type="checkbox"/> ANAHEIM <input checked="" type="checkbox"/> SACRAMENTO	LABORATORY NUMBER (Laboratory Use Only) <h1 style="margin:0;">R19C00347</h1>
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A. Sample Analysis Requester

AGENCY NAME (Complete name) SUTTER COUNTY AG DEPARTMENT	TELEPHONE NUMBER (Include Area Code) (530) 822-7500	FAX NUMBER (Include Area Code) (530) 822-7510
ADDRESS (Number and Street, City, State, ZIP Code) 142 GARDEN HIGHWAY, YUBA CITY, CA 95991		E-MAIL ADDRESS (If results to be e-mailed) sutteragpue@co.sutter.ca.us

B. Sample Source

PROPERTY OPERATOR / COMPLAINANT NAME [REDACTED]	OPERATOR IDENTIFICATION/PERMIT NUMBER	TELEPHONE NUMBER (Include Area Code)
ADDRESS (Number and Street, City, State, ZIP Code) [REDACTED] YUBA CITY, CA 95993		
SECTION, TOWNSHIP, RANGE	SITE IDENTIFICATION 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 CR1
		<input type="checkbox"/> STRUCTURAL-RELATED
SAMPLE PRIORITY (Priority descriptions on reverse side of this form) <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input checked="" type="checkbox"/> #3	BASIS FOR SAMPLE (Check one box only) <input type="checkbox"/> HEALTH HAZARD <input type="checkbox"/> ANIMAL ILLNESS/BEE LOSS <input checked="" type="checkbox"/> PLANT SYMPTOMS <input type="checkbox"/> ENVIRONMENTAL EFFECTS	
CONTROL SAMPLE <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPOSITE SAMPLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
SURFACE/SWAB <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SURFACE/SWAB, INDICATE TOTAL SURFACE AREA: _____ SOLVENT USED: _____	
DISLODGEABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF DISLODGEABLE, INDICATE PUNCH SIZE/# OF LEAF PUNCHES: _____	

DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if available)
POTENTIAL DRIFT

SAMPLE COLLECTOR (Print name) CHRISTOPHER RAMIREZ	SIGNATURE 	DATE SAMPLED 8/15/19
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D1. Sample Discard Instructions DISCARD DATE, IF DIFFERENT
 Sample to be discarded 3 months after completion of analysis, unless instructed otherwise by the Requester.

D2. Sample Condition Upon Receipt (Laboratory Use Only)
 SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LIST REASON(S)
 YES NO

E. Laboratory Determination - Results relate only to the sample tested

ANALYSIS REQUESTED: <input type="checkbox"/> SPECIFIC PESTICIDE(S) (Specify below) <input type="checkbox"/> PESTICIDE SCREENS	PESTICIDE DETECTED	AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST
	<i>Diquat Dibromide</i>	<i>3205</i>	<i>ppm</i>	<i>0.25</i>	<i>998</i>	<i>52PM</i>
	<i>Dicamba</i>	<i>120</i>	<i>ppm</i>	<i>0.05</i>	<i>998</i>	<i>52 PW</i>
	<i>Fluazifop-P-Butyl</i>	<i>79</i>	<i>ppm</i>	<i>0.02</i>	<i>805</i>	<i>52PM</i>
ANALYST <i>R. Mas</i>	DATE ANALYSIS COMPLETED <i>12/20/19</i>	REVIEWED BY <i>[Signature]</i>				

RESULTS FORWARDED TO _____ BY _____ VIA (Check one): E-MAIL FACSIMILE

DATE _____ TIME _____ (Over)

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

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

Page 2 of 2

F. Sample Information

SAMPLE COLLECTOR (Print name) CHRISTOPHER RAMIREZ	SAMPLE IDENTIFICATION NUMBER 8/15/19 CR1	LABORATORY NUMBER R19C00347
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G. Preservation Method During Transport

Ice
 Dry Ice
 "Blue" 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		
SHIPPING INVOICE NUMBER		DESTINATION		
DOT NUMBER/CLASSIFICATION (If necessary)		<input checked="" type="checkbox"/> CA Dept. of Food and Agriculture Sacramento Residue Laboratory 3292 Meadowview Road Sacramento, California 95832 PH: (916) 262-1434 FAX: (916) 228-6876		
DATE SAMPLE SHIPPED		<input type="checkbox"/> W. Sacramento (NRO) (916) 376-8960 <input type="checkbox"/> Clovis (CRO) (559) 297-3511 <input type="checkbox"/> Anaheim (SRO) (714) 279-7690		
TIME		<input type="checkbox"/> CA Dept. of Food and Agriculture Anaheim Residue Laboratory 169 East Liberty Avenue Anaheim, California 92801 PH: (714) 680-7901 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) CHRISTOPHER RAMIRZ	SIGNATURE 	DATE 8/15/19
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J. Chain of Custody (Please sign)

RECEIVED FROM (Sample Collector)	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
1. Chris Ramirez	2. Sutter County AS Dept	8/15	10:30	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	Sutter AS fridge
2. Sutter AS fridge	3. Chris Ramirez	8/15	2:00	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	
3. Chris Ramirez	4. gussmafi	8-15-19	0315	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	B3
4. B3	5. Mike Weber	NOV 01 2019	255	<input type="checkbox"/> FOR SHIPPING <input checked="" type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	Homogenized F9
5. F9	6. R. Mas	11/21/19	0800	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input checked="" type="checkbox"/> FOR ANALYSIS	
6. F9	7. Paul Woolly	12/5/19	8:35	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input checked="" type="checkbox"/> FOR ANALYSIS	F9

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. **F9**

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	07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole	EXT. CODE=Extraction Code
DET. CODE=Detection Code	35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec.	805=QuEChERS Approach
01=ECD, Electron Capture Detector	52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec.	998=Single Analyte Extraction Method
02=FPD, Flame Photometric Detector		999=Original CDFA Extraction Method

DIAL 9-1-1 IN CASE OF ANY EMERGENCY

Important: 1. Use only one analysis report form per sample. 2. Complete chain of custody record on reverse. 3. Use black or blue ink--print legibly. 4. Original will be returned to the Analysis Requester.	For Laboratory Use Only LABORATORY CONDUCTING ANALYSIS: <input type="checkbox"/> ANAHEIM <input checked="" type="checkbox"/> SACRAMENTO	LABORATORY NUMBER (Laboratory Use Only) <h1 style="margin: 0;">R19C00348</h1>
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A. Sample Analysis Requester

AGENCY NAME (Complete name) SUTTER COUNTY AG DEPARTMENT	TELEPHONE NUMBER (Include Area Code) (530) 822-7500	FAX NUMBER (Include Area Code) (530) 822-7510
ADDRESS (Number and Street, City, State, ZIP Code) 142 GARDEN HIGHWAY, YUBA CITY, CA 95991		E-MAIL ADDRESS (If results to be e-mailed) sutteragpue@co.sutter.ca.us

B. Sample Source

PROPERTY OPERATOR / COMPLAINANT NAME [REDACTED]	OPERATOR IDENTIFICATION/PERMIT NUMBER	TELEPHONE NUMBER (Include Area Code)
ADDRESS (Number and Street, City, State, ZIP Code) [REDACTED] YUBA CITY, CA 95993		
SECTION, TOWNSHIP, RANGE	SITE IDENTIFICATION 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
		<input type="checkbox"/> STRUCTURAL-RELATED
SAMPLE PRIORITY (Priority descriptions on reverse side of this form) <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input checked="" type="checkbox"/> #3	BASIS FOR SAMPLE (Check one box only) <input type="checkbox"/> HEALTH HAZARD <input type="checkbox"/> ANIMAL ILLNESS/BEE LOSS <input checked="" type="checkbox"/> PLANT SYMPTOMS <input type="checkbox"/> ENVIRONMENTAL EFFECTS	
CONTROL SAMPLE <input type="checkbox"/> YES <input type="checkbox"/> NO COMPOSITE SAMPLE <input type="checkbox"/> YES <input type="checkbox"/> NO	SURFACE/SWAB <input type="checkbox"/> YES <input type="checkbox"/> NO IF SURFACE/SWAB, INDICATE TOTAL SURFACE AREA: _____ SOLVENT USED: _____	
DISLodgeABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF DISLodgeABLE, INDICATE PUNCH SIZE/# OF LEAF PUNCHES: _____	

DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if available)
POTENTIAL DRIFT

SAMPLE COLLECTOR (Print name) CHRISTOPHER RAMIREZ	SIGNATURE 	DATE SAMPLED 8/15/19
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D1. Sample Discard Instructions DISCARD DATE, IF DIFFERENT _____
 Sample to be discarded 3 months after completion of analysis, unless instructed otherwise by the Requester.

D2. Sample Condition Upon Receipt (Laboratory Use Only)

SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LIST REASON(S)
 YES NO

E. Laboratory Determination - Results relate only to the sample tested

ANALYSIS REQUESTED: <input type="checkbox"/> SPECIFIC PESTICIDE(S) (Specify below) <input type="checkbox"/> PESTICIDE SCREENS	PESTICIDE DETECTED	AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST
DIQUAT DIBROMIDE	Diquat Dibromide	1.5	ppm	0.25	998	52PM
DICAMBA	Dicamba	0.92	ppm	0.05	998	52 PM
FLUAZIFOP-P-BUTYL	Fluazifop-P-Butyl	0.20	ppm	0.02	805	3SPM
ANALYST 	DATE ANALYSIS COMPLETED 12/20/19	REVIEWED BY 				

RESULTS FORWARDED TO _____ BY _____ VIA (Check one) E-MAIL FACSIMILE

DATE _____ TIME _____

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

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

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F. Sample Information

SAMPLE COLLECTOR (Print name) CHRISTOPHER RAMIREZ	SAMPLE IDENTIFICATION NUMBER 8/15/19 CR2	LABORATORY NUM R19C00348
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G. Preservation Method During Transport

Ice
 Dry Ice
 "Blue" Ice
 Cooler
 Cool Dry Container
 None
 Other _____

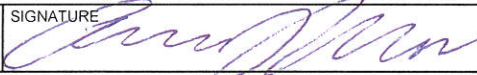
H. Primary Sample Container Description

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 <input type="checkbox"/> W. Sacramento (NRO) (916) 376-8960 <input type="checkbox"/> Clovis (CRO) (559) 297-3511 <input type="checkbox"/> Anaheim (SRO) (714) 279-7690
SHIPPING INVOICE NUMBER	DESTINATION <input checked="" type="checkbox"/> CA Dept. of Food and Agriculture Sacramento Residue Laboratory 3292 Meadowview Road Sacramento, California 95832 PH: (916) 262-1434 FAX: (916) 228-6876 <input type="checkbox"/> CA Dept. of Food and Agriculture Anaheim Residue Laboratory 169 East Liberty Avenue Anaheim, California 92801 PH: (714) 680-7901 FAX: (714) 680-7919
DOT NUMBER/CLASSIFICATION (If necessary)	
DATE SAMPLE SHIPPED	TIME

I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled. Additionally certify that this sample analysis is necessary in connection with matters relating to my official duties.

SAMPLE COLLECTOR (Print name) CHRISTOPHER RAMIRZ	SIGNATURE 	DATE 8/15/19
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J. Chain of Custody (Please sign)

RECEIVED FROM (Sample Collector)	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
1. Chris Ramirez	2. Yutter County AS Dept	8/15	10:30	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	Yutter AS fridge
2. Yutter county AS fridge	3. Chris Ramirez	8/15	2:00	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	
3. Chris Ramirez	4. Jussman	8-15-19	0315	<input type="checkbox"/> FOR SHIPPING <input checked="" type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	B3
4. B3	5. Mike Weber	NOV 01 2019	255	<input type="checkbox"/> FOR SHIPPING <input checked="" type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	Homogenized F9
5. F9	6. R. Mason	11/21/19	0800	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input checked="" type="checkbox"/> FOR ANALYSIS	
6. F9	7. Paul Woolley	12/5/19	8:35	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input checked="" type="checkbox"/> FOR ANALYSIS	F9

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.

F9 **R. Mason** **12/16/19 0700** **Analysis F9**

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	07=GC/MS, Gas Chromatograph-Mass Spec. Single Quadrupole	EXT. CODE=Extraction Code
DET. CODE=Detection Code	35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec.	805=QuEChERS Approach
01=ECD, Electron Capture Detector	52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec.	998=Single Analyte Extraction Method
02=FPD, Flame Photometric Detector		999=Original CDFa Extraction Method

DIAL 9-1-1 IN CASE OF ANY EMERGENCY

Important: 1. Use only one analysis report form per sample. 2. Complete chain of custody record on reverse. 3. Use black or blue ink--print legibly. 4. Original will be returned to the Analysis Requester.	For Laboratory Use Only LABORATORY CONDUCTING ANALYSIS: <input type="checkbox"/> ANAHEIM <input checked="" type="checkbox"/> SACRAMENTO	LABORATORY NUMBER (Laboratory Use Only) <h1 style="margin:0;">R19C00349</h1>
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A. Sample Analysis Requester

AGENCY NAME (Complete name) SUTTER COUNTY AG DEPARTMENT	TELEPHONE NUMBER (Include Area Code) (530) 822-7500	FAX NUMBER (Include Area Code) (530) 822-7510
ADDRESS (Number and Street, City, State, ZIP Code) 142 GARDEN HIGHWAY, YUBA CITY, CA 95991		E-MAIL ADDRESS (If results to be e-mailed) sutteragpue@co.sutter.ca.us

B. Sample Source

PROPERTY OPERATOR / COMPLAINANT NAME [REDACTED]	OPERATOR IDENTIFICATION/PERMIT NUMBER	TELEPHONE NUMBER (Include Area Code)
ADDRESS (Number and Street, City, State, ZIP Code) [REDACTED] YUBA CITY, CA 95993		
SECTION, TOWNSHIP, RANGE	SITE IDENTIFICATION 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 CR3
		<input type="checkbox"/> STRUCTURAL-RELATED
SAMPLE PRIORITY (Priority descriptions on reverse side of this form) <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input checked="" type="checkbox"/> #3	BASIS FOR SAMPLE (Check one box only) <input type="checkbox"/> HEALTH HAZARD <input type="checkbox"/> ANIMAL ILLNESS/BEE LOSS <input checked="" type="checkbox"/> PLANT SYMPTOMS <input type="checkbox"/> ENVIRONMENTAL EFFECTS	
CONTROL SAMPLE <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPOSITE SAMPLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
SURFACE/SWAB <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SURFACE/SWAB, INDICATE TOTAL SURFACE AREA: _____ SOLVENT USED: _____	
DISLODGEABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF DISLODGEABLE, INDICATE PUNCH SIZE/ # OF LEAF PUNCHES: _____	

DESCRIPTION OF PROBLEM (Include DPR Tracking Number, if available)
POTENTIAL DRIFT

SAMPLE COLLECTOR (Print name) CHRISTOPHER RAMIREZ	SIGNATURE 	DATE SAMPLED 8/15/19
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D1. Sample Discard Instructions
 Sample to be discarded 3 months after completion of analysis, unless instructed otherwise by the Requester.

D2. Sample Condition Upon Receipt (Laboratory Use Only)

SAMPLE CONDITION ACCEPTABLE: IF UNACCEPTABLE, LIST REASON(S)
 YES NO

E. Laboratory Determination - Results relate only to the sample tested

ANALYSIS REQUESTED: <input type="checkbox"/> SPECIFIC PESTICIDE(S) (Specify below) <input type="checkbox"/> PESTICIDE SCREENS	PESTICIDE DETECTED	AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST
DIQUAT DIBROMIDE	NONE		ppm	0.25	998	52PW
DICAMBA	None		ppm	0.05	998	52PW
FLUAZIFOP-P-BUTYL	Fluazifop-P-Butyl	0.020	ppm	0.02	998	32PW
					805	02PW 12/17/19
ANALYST 	DATE ANALYSIS COMPLETED 12/20/19	REVIEWED BY 				

RESULTS FORWARDED TO _____ BY _____ VIA (Check one): E-MAIL FACSIMILE

DATE _____ TIME _____

INVESTIGATIVE SAMPLE ANALYSIS REPORT--CUSTODY RECORD

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

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F. Sample Information

SAMPLE COLLECTOR (Print name) CHRISTOPHER RAMIREZ	SAMPLE IDENTIFICATION NUMBER 8/15/19 CR3	LABORATORY NUMBER R19C00349
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G. Preservation Method During Transport

Ice
 Dry Ice
 "Blue" Ice
 Cooler
 Cool Dry Container
 None
 Other _____

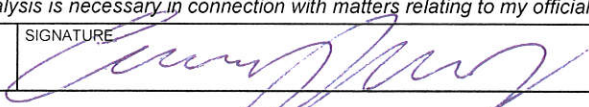
H. Primary Sample Container Description

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 <input type="checkbox"/> W. Sacramento (NRO) (916) 376-8960 <input type="checkbox"/> Clovis (CRO) (559) 297-3511 <input type="checkbox"/> Anaheim (SRO) (714) 279-7690
SHIPPING INVOICE NUMBER	DESTINATION <input checked="" type="checkbox"/> CA Dept. of Food and Agriculture Sacramento Residue Laboratory 3292 Meadowview Road Sacramento, California 95832 PH: (916) 262-1434 FAX: (916) 228-6876 <input type="checkbox"/> CA Dept. of Food and Agriculture Anaheim Residue Laboratory 169 East Liberty Avenue Anaheim, California 92801 PH: (714) 680-7901 FAX: (714) 680-7919
DOT NUMBER/CLASSIFICATION (if necessary)	
DATE SAMPLE SHIPPED	TIME

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) CHRISTOPHER RAMIRZ	SIGNATURE 	DATE 8/15/19
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J. Chain of Custody (Please sign)

RECEIVED FROM (Sample Collector)	DELIVERED TO	DATE	TIME (AM/PM)	FOR SHIPPING FOR STORAGE FOR ANALYSIS	STORAGE LOCATION
1. Chris Ramirez	2. Sutter County AS Dept	8/15	10:30	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	Sutter AS Fridge
RECEIVED FROM Sutter County AS Fridge	DELIVERED TO 3. Chris Ramirez	DATE 8/15	TIME (AM/PM) 2:00	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	STORAGE LOCATION
RECEIVED FROM 3. Chris Ramirez	DELIVERED TO 4. Jussman	DATE 8-15-19	TIME (AM/PM) 0315	<input type="checkbox"/> FOR SHIPPING <input checked="" type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	STORAGE LOCATION B3
RECEIVED FROM 4. B3	DELIVERED TO 5. Niki Weber	DATE NOV 01 2019	TIME (AM/PM) 255	<input type="checkbox"/> FOR SHIPPING <input checked="" type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	STORAGE LOCATION Homogenized F9
RECEIVED FROM 5. F9	DELIVERED TO 6. R. Mas	DATE 11/21/19	TIME (AM/PM) 0500	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input checked="" type="checkbox"/> FOR ANALYSIS	STORAGE LOCATION
RECEIVED FROM 6. F9	DELIVERED TO 7. Paul Woolley	DATE 12/5/19	TIME (AM/PM) 8:35	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input checked="" type="checkbox"/> FOR ANALYSIS	STORAGE LOCATION F9

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. **F9 R. Mas 12/16/19 700 Analyt F9**

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.

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DET. CODE=Detection Code	35=GCMS/MS, Gas Chromatograph-Tandem Mass Spec.	805=QuEChERS Approach
01=ECD, Electron Capture Detector	52=LCMS/MS, Liquid Chromatograph-Tandem Mass Spec.	998=Single Analyte Extraction Method
02=FPD, Flame Photometric Detector		999=Original CDF A Extraction Method

DIAL 9-1-1 IN CASE OF ANY EMERGENCY