

Annex Q-Sample and Laboratory Data Sheet

|                         |  |                               |
|-------------------------|--|-------------------------------|
| <b>Send Results To:</b> | <b>Ohio Department of Health - Radiological Health Unit<br/>Sample and Laboratory Data Sheet</b> | <b>Sample Control Barcode</b> |
|-------------------------|--|-------------------------------|

|                  |                       |
|------------------|-----------------------|
| <b>Sample-ID</b> | <b>Agency Log No.</b> |
|------------------|-----------------------|

|               |   |                            |                    |                            |                     |                           |
|---------------|---|----------------------------|--------------------|----------------------------|---------------------|---------------------------|
| Plant         | Sector                                  | Distance                   | Date Collected     | Mil Time                   | Code*               |                           |
| Street        | City                                    | State                      | Zip                | GPS Latitude:              | GPS Longitude:      |                           |
| *Sample Codes | AF-Animal Feed<br>CC-Charcoal Cartridge | FI-Fish<br>FP-Filler Paper | MT-Meat<br>MI-Milk | PR- Produce<br>SE-Sediment | SL-Soil<br>WA-Water | VE-Vegetation<br>OT-Other |

|                     |            |      |             |
|---------------------|------------|------|-------------|
| <b>Collected by</b> |            |      |             |
| Last Name           | First Name | Team | Agency Name |

|                                   |   |                          |                                      |                         |  |           |           |
|-----------------------------------|---|--------------------------|--------------------------------------|-------------------------|--|-----------|-----------|
| <b>Sampling Information</b>       |   |                          |                                      |                         |  |           |           |
| <b>Air Samples</b>                | Sampler Type: Filter Size               |                          | Comments:                            |                         |  |           |           |
|                                   | Date ON:                                | Time ON (Military):      | Date OFF:                            | Time OFF (Military):    |  |           |           |
|                                   | Start FLOW:<br>cfm or lpm               | Stop FLOW:<br>cfm or lpm | Total Volume:<br>Cubic Feet          | Total Volume:<br>Liters | Total Volume:<br>Cubic Meters                        |           |           |
| <b>Soil Samples</b>               | Depth of Sample:<br>cm                  |                          | Vegetation collected? Yes ( ) No ( ) |                         |  |           |           |
|                                   | Sample Surface Area:<br>cm <sup>2</sup> |                          | If Yes, Vegetation Sample Control #  |                         |  |           |           |
| <b>Water Samples</b>              | Surface ( )                             | Ground / Well ( )        | Potable / Tap ( )                    | Snow ( )                | Other ( )  |           |           |
| <b>Milk Samples</b>               | Cow ( )                                 | Goat ( )                 | Other ( )                            | Stored Feed ( )         | Pasture ( )  | Other ( ) |           |
|                                   | Milking Date:                           |                          | Milking Time:                        |                         | Comments:  |           |           |
| <b>Other Samples</b>              | Fish ( )                                | Meat ( )                 | Vegetation ( )                       | Produce ( )             | Animal Feed ( )                                      | Swine ( ) | Other ( ) |
|                                   | Describe:                               |                          |                                      |                         |  |           |           |
| <b>Field<br/>1 Meter Reading:</b> | <b>Field<br/>Contact Reading:</b>       |                          | <b>Sample<br/>Contact Reading:</b>   |                         | <b>Duplicate/Split<br/>Sample # (if Applicable):</b> |           |           |

|   |           |            |                |
|---|-----------|------------|----------------|
| <b>To Be Filled Out By Laboratory Personnel</b> |           |            |                |
| Laboratory Name                                 |           |            | Lab Sample No. |
| Received by                                     | Last Name | First Name | Date           |

|  |                        |             |             |       |                    |             |             |
|--|------------------------|-------------|-------------|-------|--------------------|-------------|-------------|
| <b>Chain of Custody</b>  |                        |             |             |       |                    |             |             |
| Note: For additional chain of custody entries, attach the same form. |                        |             |             |       |                    |             |             |
|  | <b>RELINQUISHED BY</b> | <b>DATE</b> | <b>TIME</b> |       | <b>RECEIVED BY</b> | <b>DATE</b> | <b>TIME</b> |
| Print  | Signature              |             |             | Print | Signature          |             |             |
| Print  | Signature              |             |             | Print | Signature          |             |             |
| Print  | Signature              |             |             | Print | Signature          |             |             |
| Print  | Signature              |             |             | Print | Signature          |             |             |
| Print  | Signature              |             |             | Print | Signature          |             |             |
| Print  | Signature              |             |             | Print | Signature          |             |             |

Analyzed by \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sample Disposition \_\_\_\_\_

Distribution    White—with Sample to Laboratory    Yellow—Central Office / PTC    Pink—Submitter / Sample Source

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