

State of California
 Department of Pesticide Regulation
INVESTIGATIVE SAMPLE ANALYSIS REPORT

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

Page 1 of 2

<p>Important:</p> <ol style="list-style-type: none"> 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. 	<p>For Laboratory Use Only</p> <p>LABORATORY CONDUCTING ANALYSIS:</p> <p><input type="checkbox"/> ANAHEIM</p> <p><input type="checkbox"/> SACRAMENTO</p>	<p>LABORATORY NUMBER <i>(Laboratory Use Only)</i></p>
---	---	---

A. Sample Analysis Requester

AGENCY NAME <i>(Complete name)</i>	TELEPHONE NUMBER <i>(Include Area Code)</i>	FAX NUMBER <i>(Include Area Code)</i>
ADDRESS <i>(Number and Street, City, State, ZIP Code)</i>	E-MAIL ADDRESS <i>(If results to be e-mailed)</i>	

B. Sample Source

PROPERTY OPERATOR / COMPLAINANT NAME	OPERATOR IDENTIFICATION/PERMIT NUMBER	TELEPHONE NUMBER <i>(Include Area Code)</i>
ADDRESS <i>(Number and Street, City, State, ZIP Code)</i>		
SECTION, TOWNSHIP, RANGE	SITE IDENTIFICATION NUMBER	
SAMPLE LOCATION <i>(Address or Description)</i>	COUNTY	

C. Sample Information

SAMPLE CONSISTS OF:	COMMODITY/ACRES <i>(If applicable)</i>	SAMPLE IDENTIFICATION NUMBER
		<input type="checkbox"/> STRUCTURAL-RELATED
SAMPLE PRIORITY <i>(Priority descriptions on reverse side of this form)</i>	BASIS FOR SAMPLE <i>(Check one box only)</i>	
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input type="checkbox"/> HEALTH HAZARD <input type="checkbox"/> ANIMAL ILLNESS/BEE LOSS <input 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)*

SAMPLE COLLECTOR <i>(Print name)</i>	SIGNATURE	DATE SAMPLED
--------------------------------------	-----------	--------------

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) <i>(Specify below)</i> <input type="checkbox"/> PESTICIDE SCREENS	PESTICIDE DETECTED	AMOUNT	UNIT	DET. LIMIT	EXT. CODE	DET. CODE/ ANALYST
ANALYST	DATE ANALYSIS COMPLETED	REVIEWED BY				

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 (<i>Print name</i>)	SAMPLE IDENTIFICATION NUMBER	LABORATORY NUMBER (<i>Laboratory Use Only</i>)
--	------------------------------	--

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 (<i>If used</i>)		REGIONAL OFFICE CONTACTED	
SHIPPING INVOICE NUMBER		<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	
DOT NUMBER/CLASSIFICATION (<i>If necessary</i>)		DESTINATION	
DATE SAMPLE SHIPPED		<input 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	
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 (<i>Print name</i>)	SIGNATURE	DATE
--	-----------	------

J. Chain of Custody (Please sign)

RECEIVED FROM (<i>Sample Collector</i>)	DELIVERED TO	DATE	TIME (AM/PM)	<input type="checkbox"/> FOR SHIPPING <input type="checkbox"/> FOR STORAGE <input type="checkbox"/> FOR ANALYSIS	STORAGE LOCATION
1.	2.				
2.	3.				
3.	4.				
4.	5.				
5.	6.				
6.	7.				

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.

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**