



A Waters Company

Stationary Source Audit Sample Order

Complete one form for each sampling event.

Scheduled Sampling Event

Start: _____ End: _____

Tester Project ID: _____

1. Complete the form in its entirety. Save a copy for your records.
2. Send the completed form to ERA:
 - a) attach to an email and send to info@eraqc.com
 - b) print a copy and fax to 303-421-0159
3. ERA will contact the regulatory agency to confirm sample details and return a quote with project costs.

For subscription orders: Please note which month(s) you would like delivery. Delivery will occur the first week of the month.

<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr
<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug
<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

Please include a copy of a completed [TNI calculation tool](#) for each requested method with this form to help with approval of requested samples.

Metals Standards Prices valid through December 31, 2017

	Cat. #	Product Name	EPA Method	Specify Analyte Concentrations	Concentration Range	Price*
<input type="checkbox"/>	1425	Metals on Glass Fiber Filters	29	Antimony _____ Chromium _____ Nickel _____ Arsenic _____ Cobalt _____ Selenium _____ Barium _____ Copper _____ Silver _____ Beryllium _____ Lead _____ Thallium _____ Cadmium _____ Manganese _____ Zinc _____	10-350 µg/filter	\$215*
<input type="checkbox"/>	1426	Metals in Impinger Solution	29	Antimony _____ Chromium _____ Nickel _____ Arsenic _____ Cobalt _____ Selenium _____ Barium _____ Copper _____ Silver _____ Beryllium _____ Lead _____ Thallium _____ Cadmium _____ Manganese _____ Zinc _____	0.10-30 µg/mL after dilution	\$215*
<input type="checkbox"/>	1427	Mercury on Filter Paper	29	Mercury _____	1.0-75 µg/filter	\$162*
<input type="checkbox"/>	1428	Mercury in Impinger Solution	29; 101A	Mercury _____	0.9-200 ng/mL after dilution	\$162*
<input type="checkbox"/>	1429	Lead on Filter Paper	12	Lead _____	20-350 µg/filter	\$162*
<input type="checkbox"/>	1430	Lead in Impinger Solution	12	Lead _____	0.2-120 µg/mL after dilution	\$162*

Inorganic Standards Prices valid through December 31, 2017

	Cat. #	Product Name	EPA Method	Specify Analyte Concentrations	Concentration Range	Price*
<input type="checkbox"/>	1440	Hydrogen Halides in Impinger Solution	26; 26A	Hydrogen Chloride _____ Hydrogen Fluoride _____	5.0-500 mg/L after dilution	\$204*
<input type="checkbox"/>	1441	Flouride in Impinger Solution	13A; 13B	Flouride _____	1-50 mg/dscm after dilution	\$162*
<input type="checkbox"/>	1442	Nitrogen Oxide in Impinger Solution	7	Oxides of Nitrogen _____	100-2000 mg/dscm after dilution	\$162*
<input type="checkbox"/>	1443	Sulfur Dioxide in Impinger Solution	6; 8	Sulfur Dioxide _____	50-2000 mg/dscm after dilution	\$162*
<input type="checkbox"/>	1444	Sulfuric Acid & Sulfur Dioxide in Impinger Solution	8	Sulfuric Acid _____	5-150 mg/dscm after dilution	\$162*

*The prices listed are for stock audit samples. If state regulatory agency requires a sample with a specific concentration that is not available with a stock sample, custom pricing will apply for the sample. Shipping charges and a \$10 handling fee will be added to each shipment. ERA will ship your order via the best method to ensure delivery in time for sampling event.

INTERNAL USE ONLY

Qty	Cat #	Description	Lot Information	-Dash #



A Waters Company

Stationary Source Audit Sample Order

Complete this form in its entirety. Visit the [TNI website](#) to get or confirm your SSAS ID (Valid Value/TNI Code).

Order Placed By: _____

Company Name: _____

Select where the samples are to be shipped:

Tester Facility

Notes: _____

In accordance with Section 5.1 of the General Requirements for Participation in the TNI SSAS program restricting subcontracting of the analysis of the audit sample, if you choose to send your samples to a laboratory different than that specified when the order is placed, ERA will not be able to provide an evaluation of the results. Therefore, ERA must be notified in writing of changes to tester, laboratory, or facility prior to the agreed ship date of the audit sample(s).

Tester Information

Shipping Address

Tester SSAS ID:

Company Name: _____

Contact Name: _____

Phone: () -

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

INTERNAL USE ONLY Tester SSAS Acct #:

Env Acct #:

Facility Information

Address

(Physical address of stationary source)

Company Name: _____

Contact Name: _____

Phone: () -

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

INTERNAL USE ONLY Facility SSAS Acct #:

Env Acct #:

Laboratory Information

Lab SSAS ID

Laboratory Name: _____

Contact Name: _____

Phone: () -

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

INTERNAL USE ONLY Laboratory SSAS Acct #:

Env Acct #:

Regulatory Agency

Regulator SSAS ID:

Regulatory Agency: _____

Contact Name: _____

Phone: () -

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

INTERNAL USE ONLY Agency Acct #:

Billing Address

Complete this section only if billing address differs from address above.

Tester Facility

Name: _____

Contact Name: _____

Phone: () -

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Information/Terms

Reference or P.O. #: _____

Credit Card Net 30* Prepay C.O.D.

*Net 30 terms are subject to credit approval.

Cardholder Name: _____

Card Number: _____

Expiration Date: /

PO or CC subject to change. Call before billing.
(For subscription orders only.)

Rev: 01/2017