



CHAIN OF CUSTODY RECORD

CLIENT NAME:					ANALYSIS REQUESTED										L A B I D N U M B E R	CONTAINER TYPE		PRESERVATION											
CLIENT ADDRESS/PHONE NUMBER/FAX NUMBER:					<small>CONTAINER TYPE</small>														P - PLASTIC		1 - HCl, 4°								
					<small>PRESERVATION</small>														A - AMBER GLASS		2 - H2SO4, 4°								
REPORT TO:					CC:					# of C O N T A I N E R S											G - CLEAR GLASS		3 - HNO3, 4°						
REQUESTED COMPLETION DATE:					PO #:																V - VOA VIAL		4 - NaOH, 4°						
PROJECT NAME/STATE:																					S - STERILE		5 - NaOH/ZnAc, 4°						
PROJECT #:																					O - OTHER		6 - Na2S2O3, 4°						
DATE	TIME	MATRIX CODE*	C O M P	G R A B	SAMPLE IDENTIFICATION																*MATRIX CODES:								
																					DW - DRINKING WATER		S - SOIL						
																					WW - WASTEWATER		SL - SLUDGE						
																					GW - GROUNDWATER		SD - SOLID						
																					SW - SURFACE WATER		A - AIR						
																					ST - STORM WATER		L - LIQUID						
																				W - WATER		P - PRODUCT							
															REMARKS/ADDITIONAL INFORMATION														
SAMPLED BY AND TITLE:					DATE/TIME:					RELINQUISHED BY:					DATE/TIME:					FOR LAB USE ONLY									
RECEIVED BY:					DATE/TIME:					RELINQUISHED BY:					DATE/TIME:					LAB #:									
RECEIVED BY LAB:					DATE/TIME:					SAMPLE SHIPPED VIA:					In-house location:														
pH:					Labeled Preserved					Ice: Yes or No										Temperature:					Custody Seal: Intact Broken Missing				
															Entered Into LIMS:														

Please use Black Ink to complete form.