

**CHAIN OF CUSTODY RECORD**

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

Please use Black Ink to complete form.



