DAVIS & BROWN

124 W. McIver Road
Florence, SC 29501

PH: 843-665-6746
FAX: 843-656-2208

PAGE # _____ OF _____

REGULATORY: YES   NO

CHAIN OF CUSTODY RECORD

TURNAROUND TIME: _____P1
_____STANDARD   RUSH _____P2

CLIENT:

ADDRESS:

PHONE: **FAX:**

SAMPLE ANALYSIS REQUESTED

Preservative

USE CODES TO INDICTATE IF SAMPLE WAS
FILTERED OR PRESERVED: A = HNO$_3$
B = HCL   D = H$_2$SO$_4$ F = FILTRATION
C = NAOH   E = NA$_2$S$_2$O$_3$ G = ZINCACETATE

PROGRAM AREA: D = DRINKING WATER
G = GROUNDWATER   S = SOLID   SL = SLUDGE
W = WASTEWATER   O=OTHER

Container Type: P=Plastic/G=Glass

SHADED AREAS FOR LAB USE ONLY

SAMPLE ID	DATE	TIME	INITIAL	TYPE: Grab / Composite	TOTAL # OF CONTAINERS												Container Type	PROGRAM AREA	NOTES	LAB ID
						Fill in the Number of Containers for EACH Test															

SAMPLER SIGNATURE

_____

FLOW INFO

ICE: **ICE PACK**
YES   NO

RECEIPT TEMP: _____ °C

Relinquished by:	Date:	Time:	Relinquished by	Date:	Time:	Relinquished by:	Date:	Time:
Received by:	Date:	Time:	Received by	Date:	Time:	Received by:	Date:	Time:

Comments:

ISSUED: NOVEMBER 2012