

REGULATORY: YES NO

CHAIN OF CUSTODY RECORD

TURNAROUND TIME: _____ P1
_____ STANDARD RUSH _____ P2

CLIENT:

ADDRESS:

PHONE: FAX:

SAMPLE ANALYSIS REQUESTED

Preservative

TYPE: Grab / Composite
TOTAL # OF CONTAINERS

Container Type

PROGRAM AREA

USE CODES TO INDICATE IF SAMPLE WAS
FILTERED OR PRESERVED: A = HNO₃
B = HCL D = H₂SO₄ F = FILTRATION
C = NAOH E = NA₂S₂O₃ 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

NOTES LAB ID

SAMPLE ID

DATE

TIME

INITIAL

START:

FINISH:

START:

FINISH:

START:

FINISH:

START:

FINISH:

Fill in the Number of Containers for EACH Test

SAMPLER SIGNATURE

COMPOSITE TEMP _____ °C
() TIME () FLOW PROPORTIONAL
INTERVAL BETWN SAMPLES _____
SAMPLE VOLUME _____ mls
OF SAMPLES _____

METER NUMBER

TRC _____
DPD LOT # _____
DO _____ ph _____

FLOW INFO

ICE: ICE
YES NO PACK

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: