DAVIS & BROWN

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Florence, SC 29501
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PAGE # _____ OF _____

REGULATORY: YES NO

CHAIN OF CUSTODY RECORD

TURNAROUND TIME: ____P1 ____STANDARD RUSH ____P2

CLIENT:

ADDRESS:

PHONE: **FAX:**

SAMPLE ANALYSIS REQUESTED

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

USE CODES TO INDICTATE IF SAMPLE WAS FILTERED OR PRESERVED : **A = HNO_3** **B = HCL** **D = H_2SO_4** **F = FILTRATION** **C = NAOH** **E = $NA_2S_2O_3$** **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

SAMPLER SIGNATURE

_____

COMPOSITE TEMP _____ ^{O}C
( ) TIME ( ) FLOW PROPORTIONAL
INTERVAL BETWN SAMPLES _____
SAMPLE VOLUME _____ *mls*
 # OF SAMPLES _____

METER NUMBER
TRC _____
DPD LOT # _____
DO _____ *ph* _____

FLOW INFO

ICE: **YES NO ICE PACK**

RECEIPT TEMP : _____ ^{O}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

Bods are not accepted on Fridays unless prearranged.