

# Chain of Custody Record



COMPANY NAME	ADDRESS	PHONE
FAX #	P.O. #	Send Results to:
INVOICE TO:		

SIGNATURE OF COLLECTOR _____	INITIALS _____	<b>MATRIX CODES</b> DW - Drinking Water WW - Waste Water GW - Ground Water S - Surface Water O - Other
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Sample Source/Location	Comp Start Date/Time Temp/Init	Comp Finish Date/Time Temp/Init	Grab Date/Time Temp/Init	Analysis Required	Matrix	Preserv.	P/G	# of Bottles	Sample ID#

RELINQUISHED BY: _____ DATE/TIME: _____  RECEIVED BY: _____ DATE/TIME: _____  DISPATCHED TO LAB BY: _____ DATE/TIME: _____  RECEIVED FOR LAB BY: _____ DATE/TIME: _____	Hazards associated with sample: _____  Preservation (including method used to chill): <input type="checkbox"/> Ice Packs <input type="checkbox"/> Wet Ice X: None    H: HCl    N: HNO <sub>3</sub> B: NaOH S: H <sub>2</sub> SO <sub>4</sub> Z: Zn Acetate    T: Na Thiosulfate C: Ice only    O: Other _____    P/G: Plastic/Glass  Temperature upon receipt: _____/C. <input type="checkbox"/> Regulatory  <i>If samples are not preserved according to regulations, we will do so unless otherwise notified by the client. It is critical that the sample can be accounted for every minute after collection.</i>
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