Chain of Custody Record

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Account Number:	Submitted by:	Contact:
Phone ( ) - Fax ( ) -	Address:	PO#:
Project No.	Project Name/Location	

Sample Identification	Container Number	Date Sampled	Time Sampled	Container Type		Sample Type		Sample Preservation						PARAMETERS								Matrix Type
				Glass	Plastic	Grab	Comp	Cool 4° C	Frozen	H_2SO4 pH<2	HNO_3 pH<2	HCl pH<2	NaOH pH>12									

SPECIAL INSTRUCTIONS: (Please indicate any special detection limits, method numbers, QA/QC requirements, or highly hazardous sample.)

TURN-AROUND TIME: (circle one) Standard Rush

ANALYZE SAMPLE: (circle one) As Is Dry Weight

Matrix Types: Soil Water Wastewater Sludge Plant Tissue Formulation/Tank Mix Other (Please specify)

Sampled by:	(Signature)	**Date**		**Comments/Additional Instructions**	
	(Print Name)	**Time**		**Shipping Condition:**	
Relinquished by:	(Signature)	**Date**		**Shipper/Waybill#:**	
	(Print Name)	**Time**			
Received by:	(Signature)	**Date**			
	(Print Name)	**Time**			