

# CHAIN OF CUSTODY RECORD

Account Number/ Company Name: \_\_\_\_\_ Chain of Custody Record: Yes  No

Purchase Order: \_\_\_\_\_ Samples for Regulatory Use: Yes  No

REPORT & BILL TO	
Name:	
Address:	
City, State:	ZIP:
Phone:	FAX:
Email:	

IDENTIFICATION	
Client Name:	
Sample ID:	
Sample Date:	
Sample Time:	

COPY TO	
Name:	
Address:	
ZIP:	
Phone:	

PROJECT INFORMATION					BOTTLE ORDER INFO				TESTS REQUESTED										
SAMPLE ID/ LOCATION	DATE	TIME	COMP	GRAB	No. of Containers	Proper Preservation (Y/ N)	Matrix	Regulatory (Y/ N)											Lab Number/ Order # (Internal Use)

Relinquished by: (Signature)	Date/ Time	Received by: (Signature)	Cooler arrived intact: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relinquished by: (Signature)	Date/ Time	Received by: (Signature)		Temperature on Arrival: _____
Relinquished by: (Signature)	Date/ Time	Received by: (Signature)		Preserved in Field: Yes <input type="checkbox"/> No <input type="checkbox"/>
Chain of Custody will have a signature upon receipt but no subsequent signatures <b>Distribution:</b> Original accompanies shipment; copy to Coordinator Field Files <b>Code:</b> SO-Soil, WA-Water, SL-Sludge, OT-Other			Remarks:	