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|---|--|--|------|-------------------------------------|--|---|---|-------------------------------------|-------|--|--|---|--|---------------------------------|--------------------------------|--|--|
| Company Name: | | Project Manager: | | Analysis Requested | | | | | | | | | | | CHAIN-OF-CUSTODY RECORD | | |
| Project Name: | | Project ID: | | | | | | | | | | | | | No. of Containers | | |
| Sampler(s): | | P.O. Number: | | | | | Matrix Codes: NW (nonpotable water) PW (potable water) | | | Preservative: 1+ 1 HCL, H ₂ SO ₄ , Methanol, Na ₂ S ₂ O ₃ , NaHCO ₃ | | Field pH, Residual Chlorine, QC Request, Trip Blank, Field Blank | | MSS Lab ID | | | |
| Field Sample ID | | Date | Time | | | | Water | Soil | Other | | | | | | | | |
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| Relinquished by: <i>(Signature)</i> | | Date/Time | | Received by: <i>(Signature)</i> | | | | Relinquished by: <i>(Signature)</i> | | | | Date/Time | | Received by: <i>(Signature)</i> | | | |
| <i>(Printed)</i> | | | | <i>(Printed)</i> | | | | <i>(Printed)</i> | | | | | | <i>(Printed)</i> | | | |
| Relinquished by: <i>(Signature)</i> | | Date/Time | | Received by Lab: <i>(Signature)</i> | | | | Turn Around Time: | | | | Lab Use: | | | | | |
| <i>(Printed)</i> | | | | <i>(Printed)</i> | | | | | | | | | | | | | |
| Delivery Method: | | Special Instructions/QC Requirements & Comments: | | | | <input type="checkbox"/> Normal (7 day) <input type="checkbox"/> 5 day <input type="checkbox"/> 4 day <input type="checkbox"/> 3 day <input type="checkbox"/> Rush (2 day) <input type="checkbox"/> Next Day <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Due Date: _____ | | | | Temp: _____°C <input type="checkbox"/> Received on Ice <input type="checkbox"/> Received same day <input type="checkbox"/> Preservation Appropriate Sample Disposal: <input type="checkbox"/> Return to Client <input type="checkbox"/> Disposal by lab <input type="checkbox"/> Archive for _____ days | | | | | | | |
| <input type="checkbox"/> Courier <input type="checkbox"/> Client <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> USPS <input type="checkbox"/> Other: _____ | | | | | | | | | | | | | | | | | |