

PROJECT ID: _____

CHAIN OF CUSTODY RECORD

SAMPLING LOCATION

Customer:

Address:

City/State/Zip:

CONTACT INFORMATION

Contact:

Phone:

E-mail:

PROJECT INFORMATION

Project Description (optional):	Sampling Date:		Sample Type Code NP = non potable P = potable
	Sampling Time:		
	Sampled By:		

Sample #	Sample Description (include as much info as you need, bldg #, room #, etc)	Comments/Special Instructions (fixture #, volume less than 250mL, etc)	Sample Type (check one)	
			P	NP
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Relinquished by:

DATE:

TIME:

Quantity Sent:

TO BE FILLED OUT BY LABORATORY

Received by:

DATE:

TIME:

Quantity Received:

Sample Conditions:

Acceptable

Unacceptable:

Out of 72 hour hold time (Not processed)

Out of 72 hour hold time (customer approved processing)

Other (explain): _____

PROJECT ID: _____

CHAIN OF CUSTODY RECORD

Sample #	Sample Description (include as much info as you need, bldg #, room #, etc)	Comments/Special Instructions (fixture #, volume less than 250mL, etc)	Sample Type (check one)	
			P	NP
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