CHAIN OF CUSTODY AND ANALYSIS REQUEST

Report to:

Company:
Address:
Contact:
Phone:
Fax:

Invoice to:

Company:
Address:
Contact:
Phone:
Fax:

Project No.

Project Name:

Sampler's Name (printed)

Analysis Requested

Results by: Fax results ☐

Sample Source	Laboratory Ident. #	Date (Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec 2013 2014 2015)	Time	Type: Composite	Type: Grab	Type: Blank	Container: Glass	Container: HDPE	Container: VOA	Container: Sterile	Size	Matrix: Water	Matrix: Sludge	Matrix: Soil	Handling: Sampler Iced	Handling: Iced during transport	Preservative: HCl	Preservative: H2SO4	Preservative: HNO3	Preservative: NaOH	Preservative: None												Field pH	Field Temp

Analyst:

Remarks: **All analyses must be done in accordance with 40 CFR Part 136**

Sample Condition:	Cool	Intact
Yes	☐	☐
No	☐	☐

Checked By: (Initials)

Sampler Relinquished:	Date: / Time:	Received by:	Date: / Time:
Relinguished by:	Date: / Time:	Received by:	Date: / Time:
Relinquished by:	Date: / Time:	Received by:	Date: / Time:
☐ Dispose of sample after analysis		Received by:	Date: / Time:
☐ Return residual sample to collector			

White - Lab Yellow - City Of Lubbock IWMP Pink - Generator