



CHAIN OF CUSTODY RECORD

CLIENT NAME:
ADDRESS:
CITY, STATE, ZIP CODE:
PHONE #:
REPORTING OFFICER:
SAMPLER COLLECTOR:

LAB USE ONLY

SAMPLE ID NUMBER

SAMPLE ID	DATE	TIME	LOCATION	TESTS

LAB USE ONLY

Received by: Linda ()
 Shelly ()
 Brenda ()
 Other _____

Sample Condition: Good () Frozen () No Ice Packs () Warm Sample () Cracked Lid ()
 No Time Noted () Tags/COC Don't Match ()

Lab Comments: _____