

Chain of Custody

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 Concord, CA 94520-1006
 925 462 2771
 Fax: 925 462 2775



Package Job No.	Total Coliform Bacteria	Schedule	Date Sampled	Date Due
	CU#	Analyte		

Full Name _____ **Phone** _____ **X**
Fax _____

Company _____ **Cell** _____

Sample Source

Lab No.	Sample I.D.	Date	Time	Matrix	Contain.	Size	Preserv.	Qty.
001				DW	StPI	100mL	Na2SO4	1

ANALYSIS										
Bacteria (P/A)	OT200 - MPN	OT 2000 - MPN	10T- Total Coliform plus Fecal	15T - Total Coliform	15T- Total Coliform plus Fecal	15T - Fecal Coliform				
X										

NOTES:

SAMPLE RECEIPT

Temp. at Lab -°C

Total No. of Containers

Rec'd Good Cond/Cold

Conforms to Record

Sampler

- MATRIX**
- DW - Drinking Water
 - GW - Ground Water
 - SW - Surface Water
 - WW - Waste Water
 - Water
 - SL - Sludge
 - S - Soil

- ABBREVIATIONS**
- HB - Hosebib
 - PV - Petcock Valve
 - PT - Pressure Tank
 - PH - Pump House
 - RR - Restroom
 - GL - Glass
 - PL - Plastic
 - ST - Sterile

Site Mgr. Site Mgr. Tel# Cell#

Site Access

Emer. Name 1 Emer. Phone 1

Emer. Name 2 Emer. Phone 2

Emer. Name 3 Emer. Phone 3

Emer. Name 4 Emer. Phone 4

Emer. Name 5 *See file EDT

Agency Agency # Fax#

Relinquished By: _____	Date _____	Time _____
Received By: _____	Date _____	Time _____
Relinquished By: _____	Date _____	Time _____
Received By: _____	Date _____	Time _____
Relinquished By: _____	Date _____	Time _____
Received By: _____	Date _____	Time _____