

Chain of Custody

Page _____ of _____

1100 Willow Pass Court
 Concord, CA 94520-1006
 925 462 2771
 Fax: 925 462 2775



Package Job No.	General Mineral-Modified	Schedule	<input type="text"/>	Date Sampled	<input type="text"/>
CU#	<input type="text"/>	Analyte	<input type="text"/>	Date Due	<input type="text"/>

Full Name **Fax Phone**

Company **Cell**

Sample Source

Lab No.	Sample I.D.	Date	Time	Matrix	Contain.	Size	Preserv.	Qty.
001				DW	PI	950mL	Cold	1
001				DW	PI	950mL	HNO3	1
001				DW	StPI	100mL	Na2SO4	1

ANALYSIS																	
Alk	EC	pH	TDS	Cl	NO3	SO4	Hardness	Ca	Cu	Fe	Mg	Mn	K	Na	Zn	Bacteria (P/A)	
X																	
							X										
																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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Received By:	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relinquished By:	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
Received By:	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relinquished By:	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
Received By:	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>