

CHAIN-OF-CUSTODY & ANALYSIS REQUEST

				Report to:						
Client / Project Name:				Name:						
Collected by:				Address:						
Thermometer Name:		Observed/Corrected Temp (°C): /		Phone #:						
Sample Iced: Yes / No		Payment Type:		Email:						
Field Sample ID	Collected		Matrix*	Sample Type**	Analysis Requested	Lab ID#	pH (Indicator CIN ____)	Preservative ID #	Subcontract (Y / N) ?	
	Date	Time								
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Sampler Name:				Sampler Signature:						
Relinquished by (Print/Sign):			Date/Time:		Received by (Print /sign):			Date/Time:		
1										
2										
3										
4										

*Potable / Non-potable	CIN - Chemical Inventory Number	H ₂ SO ₄ - Sulfuric Acid	P - Plastic	Comments:
**Grab / Composite (Comp)	Y - Yes	HNO ₃ - Nitric Acid	L - Liter	
	N - No	HCl - Hydrochloric Acid	G - Glass	
	CF - Correction Factor	NaOH - Sodium Hydroxide	mL - Milliliters	