


Chain Of Custody Form

		195 Commerce Way Suite E Portsmouth, NH 03801 Phone (603) 436-5111 Fax (603) 430-2151		For Analytics Use Only Rev. 4 03/28/08												
Project#: _____ Proj. Name: _____		Matrix Key: C = Concrete WP = Wipe WW = Wastewater SW = Surface Water GW = Groundwater DW = Drinking Water S = Soil/Sludge O = Oil E = Extract X = Other		Samples were: 1) Shipped or hand-delivered 2) Temp blank °C _____ 3) Received in good condition Y or N 4) pH checked by: _____ 5) Labels checked by: _____												
Company: _____		Container Key P=plastic G=glass														
Contact: _____																
Address: _____																
Phone: _____ PO# _____ Quote # _____		Preservation		Received By: _____ Received By: _____ Received By: _____ Time: _____ Time: _____ Time: _____ Date: _____ Date: _____ Date: _____												
Sampler (Signature): _____																
Station Identification	Sample Date	Sample Time	Analysis			Unpres	4° C	HNO ₃	H ₂ SO ₄	HCL	Methanol	Other	Matrix	Containr number/typ	pH	Analytics Sample #
Email Results to: _____		Comments / Instructions: _____		Project Requirements:												
				Report Type			State:		State Standard:							
Turnaround Request Standard <input type="checkbox"/> Priority <input type="checkbox"/> Due Date _____ Due Date _____		<input type="checkbox"/> MCP <input type="checkbox"/> Level II <input type="checkbox"/> CTRC <input type="checkbox"/> Level III <input type="checkbox"/> DOD <input type="checkbox"/> Level IV <input type="checkbox"/> Standard		<input type="checkbox"/> NH <input type="checkbox"/> MA <input type="checkbox"/> ME <input type="checkbox"/> CT <input type="checkbox"/> RI		<input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV Other: _____						_____ (eg. S-1 or GW-1) EDD Required: Y* N Type: __				
						*Fee may apply _____		Page ____ of ____								