

**SAMPLE CONTROL FORM & CHAIN OF CUSTODY**

*"Sample Control Barcode"*

**Sampling Information (to be filled out by the Field Team)**

Collection Team ID: \_\_\_\_\_ Collector's Name: \_\_\_\_\_ Org: \_\_\_\_\_

Location:  GPS    Latitude: \_\_\_\_\_ Description: \_\_\_\_\_  
 Longitude: \_\_\_\_\_

Collection Date: \_\_\_\_\_ Collection Time (Military): \_\_\_\_\_ # of Containers \_\_\_\_\_ Contact Dose Rate: \_\_\_\_\_

Remarks: \_\_\_\_\_

Sample Type (use only once)	Air	Sampler ID # _____ Type: _____ Filter size & Type: _____
		Date ON: _____ Time ON: _____ Date OFF: _____ Time OFF: _____
		Start Flow: _____ Stop Flow: _____ OR Total Volume: _____ Unit: _____
	Milk	<input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Other _____ <input type="checkbox"/> Stored Feed <input type="checkbox"/> Pasture <input type="checkbox"/> Other _____
		Milking Date: _____ Milking Time: _____ Number of Animals sampled: _____
	Ground	Depth of soil sample: _____ cm    Vegetation collected with soil samples? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Sample surface area: _____    If vegetation in separate container, provide sample #: _____
	Water	<input type="checkbox"/> Surface <input type="checkbox"/> Ground / Well <input type="checkbox"/> Portable / Tap <input type="checkbox"/> Other: _____
	Other	<input type="checkbox"/> Vegetation <input type="checkbox"/> Feed <input type="checkbox"/> Produce <input type="checkbox"/> Swipe <input type="checkbox"/> Other: _____
	Describe: _____	

**Sample Receiving (to be filled out by sample receiving technician)**

Processing Priority: \_\_\_\_\_ Dup Sample #: \_\_\_\_\_ Split Sample #: \_\_\_\_\_

Screening Value: \_\_\_\_\_  **Contamination Check:** Forms and sample bags surveyed.

Sample Remarks: \_\_\_\_\_

Analysis Requested: \_\_\_\_\_  **Sample Preparation Required,** send to sample preparation area before laboratory

Laboratory Assignment: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Custody Transfer (Signatures)					
Relinquished By:	Date	Time	Received By:	Date	Time
Relinquished By:	Date	Time	Received By:	Date	Time
Relinquished By:	Date	Time	Received By:	Date	Time
Relinquished By:	Date	Time	Received By:	Date	Time