CHAIN OF CUSTODY AND ANALYSIS REQUEST

Report to:

Company:
Address:

Contact:
Phone:
Fax:

Invoice to:

Company:
Address:

Contact:
Phone:
Fax:

Project No. **Project Name:**

Analysis Requested

Sampler's Name (printed)

	Type	Container	Size	Matrix	Handling	Preservative

Results by: □ Fax results

Sample Source	Laboratory Ident. #	Date	Time	Composite	Grab	Blank	Glass	HDPE	VOA	Sterile		Water	Sludge	Soil	Sampler Iced	Iced during transport	HCl	H2SO4	HNO3	NaOH	None									Field pH	Field Temp

Date columns: Jan Feb Mar Apr May Jun Jul Aug / Sep Oct Nov Dec 2004 2005 2006

Analyst:

Remarks: All analyses must be done in accordance with 40 CFR Part 136

Sample Condition:		Sampler Relinquished:	Date:	Received by:	Date:
Cool	Intact		Time:		Time:
Yes □	□	Relinquished by:	Date:	Received by:	Date:
No □	□		Time:		Time:
Checked By: (Initials)		Relinquished by:	Date:	Received by:	Date:
			Time:		Time:
		□ Dispose of sample after analysis		Received by:	Date:
		□ Return residual sample to collector			Time:

White - Lab   Yellow - City Of Lubbock IWMP   Pink - Generator