CRL-FM-SC-001
Rev. 2.0
11/19/15

CHAIN OF CUSTODY RECORD

Page___ of ___

CRL Environmental Corporation

Bldg. 2, Berthaphil Compound 1, Berthaphil, Inc. Industrial Park
Jose Abad Santos Ave., Clark Freeport Zone, Clarkfield, Pampanga, Philippines
Tel: (6345) 599-3943 • (6345) 499-6529 • (632) 552-5100
Fax (6345) 599-3963

FOR LABORATORY USE ONLY:

Lab. No. _____

P.O.# _____

Logged By: _____ Date: _____ Time: _____

Method of Transport
- Walk-in ☐
- Courier ☐
- UPS ☐
- FED. EXP. ☐
- CRL ☐

Sample Condition Upon Receipt

1.CHILLED	Y ☐	N ☐	4. SEALED	Y ☐	N ☐
2.HEADSPACE (VOA)	Y ☐	N ☐	5. # OF SPLS MATCH COC	Y ☐	N ☐
3.CONTAINER INTACT	Y ☐	N ☐	6. PRESERVED	Y ☐	N ☐

Customer: | Address: | Tel: ( )

Attn: | City: | State: | Zip Code: | Fax:( )

Project Name: | Project #: | Sampler: (Printed Name) | (Signature)

Relinquished by: (Signature and Printed Name) | Date: | Time: | Received by: (Signature and Printed Name) | Date: | Time:

Relinquished by: (Signature and Printed Name) | Date: | Time: | Received by: (Signature and Printed Name) | Date: | Time:

Relinquished by: (Signature and Printed Name) | Date: | Time: | Received by: (Signature and Printed Name) | Date: | Time:

SHIP TO LAB:

(SUB CONTRACT) _____
TEST: _____
DATE: _____
CUSTOMER I.D. _____

I hereby authorize CRL to perform the work indicated below:

Project Mgr. / Submitter:

_____ Date: ___/___/___
Print Name

_____
Signature

Send Report To:
Attn: _____
Co: _____
Address: _____
City: _____ State: _____ Zip: _____

Special Instructions/Comments:

Unless otherwise requested, all remaining samples will be disposed of 30 days after release of report

Sample Archive / Disposal:
- ☐ Laboratory Standard
- ☐ Others _____
- ☐ Return To: _____

*$10.00 FEE PER HAZARDOUS SAMPLE DISPOSAL

Write Analysis(es) Requested

CIRCLE APPROPRIATE MATRIX: SOLID SOIL, SLUDGE, OIL, SOLVENT, LIQUID, SURFACE WATER, GROUND WATER, WASTEWATER, DRINKING WATER, AIR, WIPE, FILTER, OTHER

ITEM	LAB USE ONLY: Lab No	Sample Description: Sample I.D.	Sampling Date	Sampling Time	TAT	Container(s) #	Container(s) Type	PRESERVATION	REMARKS

TAT starts 8 a.m. the following day if sample received beyond 12 noon at the laboratory

TAT: A = Overnight ≤ 24 hrs. | B = Emergency Next Workday | C = Critical 2 Workdays | D = Urgent 3 Workdays | E = Routine 7 Workdays

Container Types: T=Tube V=VOA L=Liter P=Pint J=Jar B=Tedlar G=Glass P=Plastic M=Metal

Preservatives:
H=HCl N=HNO_3 S=H_2SO_4 C=<6°C
Z=$Zn(AC)_2$ O=NaOH T=$Na_2S_2O_3$

DISTRIBUTION: White with report, Yellow to folder, Pink to submitter