CHAIN OF CUSTODY RECORD

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FOR LABORATORY USE ONLY

P.O. #: _____

Logged By: _____ Date: _____

Method of Transport
- Client
- CRL
- Air 21
- Courier
- Other: _____

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

Client:
Attention:
Address:
City: State: Zip Code:
Tel:
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:

I hereby authorize CRL to perform the work indicated below:
Project Mgr /Submitter:
Print Name Date
Signature

Send Report To:
Attn:
Co:
Addr:
City: State: Zip:

Bill To:
Attn:
Co:
Addr:
City: State: Zip:

Special Instructions/Comments:

SOIL
WATER
GROUND WATER
WASTEWATER

- TAT starts 8AM the following day if samples received after 3 PM

TAT:

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=4ºC
Z=$Zn(AC)_2$ O=NaOH T=$Na_2S_2O_3$