

# CHAIN-OF-CUSTODY RECORD

FOR LAB USE ONLY

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BOLD FIELDS REQUIRED. PLEASE CIRCLE REQUESTED ANALYSIS.

SAMPLE I.D.	SAMPLING DATE/TIME *IF COMPOSITE, INDICATE BOTH START & FINISH DATE/TIME	MATRIX (SEE BELOW)	GRAB/*COMPOSITE	VOC				SVOC				TCLP	METALS		INORGANICS						MICRO		OTHER				NOTES MeOH VIAL #																
				524.2	524.2 BTEX	524.2 MTBE ONLY	8260B 624 VTIC 1,4 Dioxane	802IB BTEX HALOS	801SB GRO MAVPH	8270D 625 SVTICS EDB DRCP ABN A BN PAH	TPH8100 LI L2		801SB DRO MALEPH	PEST 608 PCB 608	PEST 8081A PCB 8082	OIL & GREASE 1664 TPH 1664	TCLP 1311 ABN METALS VOC PEST HERB	DISSOLVED METALS (LIST BELOW)	TOTAL METALS (LIST BELOW)	TS TSS TDS SPEC. CON.	BR Cl F SO <sub>4</sub>	NO <sub>2</sub> NO <sub>3</sub> NO <sub>3</sub> NO <sub>3</sub>	BOB CBOD T. ALK.	TKN NH <sub>3</sub> T. PHOS. O. PHOS.	pH T. RES. CHLORINE	COD PHENOLS TOC DOC		TOTAL CHLORIDE TOTAL SULFIDE	REACTIVE CHLORIDE REACTIVE SULFIDE	FLASHPOINT IGNITABILITY	TOTAL COLIFORM E. COLI	FECAL COLIFORM	ENTEROCOCCI	HETEROTROPHIC PLATE COUNT	# OF CONTAINERS								
MATRIX: A-Air; S-Soil; GW-Ground Water; SW-Surface Water; DW-Drinking Water; WW-Waste Water																																											
PRESERVATIVE: H-HCL; N-HNO <sub>3</sub> ; S-H <sub>2</sub> SO <sub>4</sub> ; Na-NaOH; M-MEOH																																											

**PROJECT MANAGER:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EXT.: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SITE NAME: \_\_\_\_\_

PROJECT #: \_\_\_\_\_

STATE: NH MA ME VT OTHER: \_\_\_\_\_

**REGULATORY PROGRAM:** NPDES: RGP POTW STORMWATER OR  
GWP, OIL FUND, BROWNFIELD OR OTHER: \_\_\_\_\_

QUOTE #: \_\_\_\_\_ PO #: \_\_\_\_\_

**DATE NEEDED:** \_\_\_\_\_

TEMP. \_\_\_\_\_ °C  
ICE?  YES  NO

**QA/QC REPORTING LEVEL**

A B C

OR

PRESUMPTIVE CERTAINTY

**REPORTING OPTIONS**

PRELIMS: YES OR NO

IF YES: FAX OR PDF

**ELECTRONIC OPTIONS**

NO FAX E-MAIL PDF EQUIS

SAMPLER(S): \_\_\_\_\_

<b>RELINQUISHED BY:</b> _____	DATE: _____	TIME: _____	RECEIVED BY: _____
<b>RELINQUISHED BY:</b> _____	DATE: _____	TIME: _____	RECEIVED BY: _____
<b>RELINQUISHED BY:</b> _____	DATE: _____	TIME: _____	RECEIVED BY: _____

**METALS:** 8 RCRA 13 PP Fe, Mn Pb, Cu

**OTHER METALS:** \_\_\_\_\_

**SAMPLES FIELD FILTERED?**  YES  NO

**NOTES:** (IE: SPECIAL DETECTION LIMITS, BILLING INFO, IF DIFFERENT)

SITE HISTORY: \_\_\_\_\_

SUSPECTED CONTAMINATION: \_\_\_\_\_

FIELD READINGS: \_\_\_\_\_