Chain-of-Custody Form

Get the Lead Out of Drinking Water
Reducing lead exposure at schools and child care programs

Facility Name: _____
Station ID: _____

(The Station ID is an abbreviated version of the DOE or DHHS ID. For example, SCH-00000 or CB-00000. You can look it up at bit.ly/NHLeadID)

Facility Address: _____
Collected By: _____
Contact Name & Phone Number: _____
Relinquished (Shipped) By: _____
Date and Time: _____

For lab use only:

Project ID: LEADTEST

Received By: _____ _____
Date & Time: _____
Received Temperature: _____

Requested Analysis: Stagnant Lead by EPA Method 200.8

OUTLET TYPES: BF: Bathroom Faucet CF: Classroom Faucet DF: Drinking Fountain IM: Ice Machine KF: Kitchen Faucet NS: Nurse's Sink O: Other R: Refrigerator

Station ID	Outlet Number	Outlet Type	Floor Number	Location / Room Number	Sample Date and Time	Notes

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