



**LABORATORIES, Inc.**

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# Chain of Custody Record

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**Work Order #**

<b>Company Name and Address:</b>	<b>Account #:</b>	<b>Phone #:</b>
	<b>Contact:</b>	<b>Fax #:</b> For faxed report check box <input type="checkbox"/>
	<b>Name of Sampler:</b>	<b>E-mail:</b> For e-mail report check box <input type="checkbox"/>
<b>Billing Address (indicate if different from above):</b>	<b>Quote Number</b>	<b>Date Submitted:</b>
	<b>Project Name/Number:</b>	<b>Purchase Order #:</b>

Sample Information					Bottle Type										Analysis		
Lab Number	Sample ID	Sample Type (Food, Soil, Water, Etc.)	Date Sampled	Time Sampled	VOC Vials	500 ml unpres.	1000 ml unpres.	500 ml HNO3	1000 ml HNO3	500 ml H2SO4	1000 ml H2SO4	Sterile plastic	Amber H2SO4	500 ml NaOH	Filtered? Y or N	Other:	Analysis Required

Comments:

Transferred by:	Date:	Time:	Sample Condition:	Received by:	Date:	Time:	Temp:
1.							
2.							