	Custody/Sample Inform Corporation - 10329 S		un Lane Ashland, VA 23005	5				ANALYTICS
800-888-								Comprehensive Laboratory Testing Since 1977
PROFILE No.			Account No.		Sampler:			
Company:			Contact:		Project Name:			
Address:					PO Number:			
Phone/Fax:			E-Mail:		Turnaround Time:			
Automatic Sampler:			Date Started: Time Started:		Date Stopped:			Time Stopped:
Cample ID	Location	Matrix	Container Description/Dreservation	Grab or	# of	Dete	Time	Analysis Descriped/Comments
Sample ID	Location	Matrix	Container Description/Preservation	Composite	Containers	Date	Time	Analyses Required/Comments
								Field pH: Field Temp:
								Document pH meter calibration: (date)(time)(initials)
SPECIAL II	NSTRUCTIONS:	•		1		1	1	
						_		
Sampled by (Print Name): Sample			ed by (Signature to Initiate COC): Date:		Time:	Comments:		
Relinquished by/Airbill Number:			Received by:	Date:	Time:	Cooler Receipt Information (LAB USE ONLY)		
1.						Sufficient Ice? Yes/No Temp =		
2.						Containers preserved? Yes/No If no, explain		
3.						Custody seal present/intact? Yes/No		
4.						Initials: Date:		
			1		1			