



34 Dogwood Lane
 Middletown, PA 17057
 P. 717-944-5541
 F.717-944-1430

CHAIN OF CUSTODY/ REQUEST FOR ANALYSIS

ALL SHADED AREAS MUST BE COMPLETED BY THE CLIENT / SAMPLER. INSTRUCTIONS ON THE BACK.

Page of

Courier: _____

Tracking #: _____

COC#

Co. Name: Contact (Report to): Phone: Address:				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">***Container Type</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>***Container Size</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>***</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Preservative</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				***Container Type						***Container Size						***						Preservative						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5" style="text-align: center;">Receipt Information <small>(Completed by Sample Receiving)</small></th> </tr> <tr> <td style="width: 10%;">Performed by:</td> <td colspan="4" style="text-align: center;">INITIAL HERE</td> </tr> <tr> <td colspan="5">Cooler Temp: _____</td> </tr> <tr> <td colspan="5">Therm. ID: _____</td> </tr> <tr> <td colspan="5">No. of Coolers: _____</td> </tr> <tr> <td colspan="5">Notes:</td> </tr> <tr> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> <td rowspan="2" style="text-align: center;">Circle appropriate Y or N.</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Correct containers?</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Correct sample volume?</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Correct preservation?</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Headspace/Volatiles?</td> <td></td> </tr> <tr> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> <td></td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Custody seals Present?</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">(if present) Seals intact?</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Received on ice?</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">COC/Labels complete/accurate?</td> <td style="writing-mode: vertical-rl; transform: rotate(180deg);">Container in good condition?</td> </tr> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>				Receipt Information <small>(Completed by Sample Receiving)</small>					Performed by:	INITIAL HERE				Cooler Temp: _____					Therm. ID: _____					No. of Coolers: _____					Notes:					N	N	N	N	Circle appropriate Y or N.	Y	Y	Y	Y	Correct containers?	Correct sample volume?	Correct preservation?	Headspace/Volatiles?		N	N	N	N		Custody seals Present?	(if present) Seals intact?	Received on ice?	COC/Labels complete/accurate?	Container in good condition?	Y	Y	Y	Y	Y
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SAMPLED BY (Please Print): _____ _____			LOGGED BY (signature): _____ DATE: _____ TIME: _____ REVIEWED BY (signature): _____ DATE: _____ TIME: _____		
Relinquished By / Company Name	Date	Time	Received By / Company Name	Date	Time
1			2		
3			4		
5			6		
7			8		
9			10		

Data Deliverables <input type="checkbox"/> Standard <input type="checkbox"/> CLP-like <input type="checkbox"/> NJ-Reduced <input type="checkbox"/> NJ-Full <input type="checkbox"/> (other)	SDWA Forms? ⇄ yes <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> Other: _____	State Samples Collected In? MD <input type="checkbox"/> NJ <input type="checkbox"/> NY <input type="checkbox"/> PA <input type="checkbox"/> ⇄ Enter PWSID No.
EDDs Required? <input type="checkbox"/> If yes, format type: _____		
DOD Criteria Required?		

ALS FIELD SERVICES	
<input type="checkbox"/> Pickup	
<input type="checkbox"/> Labor	
<input type="checkbox"/> Composite Sampling	
<input type="checkbox"/> Rental Equipment	
<input type="checkbox"/> Other:	