

CHEMTECH - FORD ANALYTICAL LABORATORY

CHAIN OF CUSTODY

COMPANY: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE #: _____ FAX: _____
 CONTACT: _____ PROJECT: _____
 EMAIL: _____

BILLING ADDRESS: _____
 BILLING CITY/STATE/ZIP: _____
 PURCHASE ORDER #: _____

TURNAROUND REQUIRED:* _____
 * Expedited turnaround subject to additional charge

___ Mark 'X' here if you want a copy sent to DEQ Division of Drinking Water.

Lab ID #	SAMPLE LOCATION	SAMPLE DATE	SAMPLE TIME	MATRIX		ANALYTICAL TESTS REQUESTED												Bacteriological					Repeat (Fail #)	SYSTEM #
				SAMPLE SOURCE CODE	SAMPLE POINT CODE	FIELD: Residual Chlorine	Total Coliform + E. coli (Present/Absent)	Total Coliform + E. coli (Enumerated)	HPC (Plate Count)	E. coli only	WW: Total Coliform + Fecal Coliform	R = Routine	I = Investigative	TG = Trigger Source	CO = Confirmation									
1.																								
2.																								
3.																								
4.																								
5.																								
6.																								
7.																								
8.																								
9.																								
10.																								
Sampled by: [print]				Sampled by: [signature]				ON ICE						NOT ON ICE										

Special Instructions: _____

Relinquished by: [signature]	Date/Time	Received by: [signature]	Date/Time
Relinquished by: [signature]	Date/Time	Received by: [signature]	Date/Time
Relinquished by: [signature]	Date/Time	Received by: [signature]	Date/Time