CHEMTECH - FORD ANALYTICAL LABORATORY

CHAIN OF CUSTODY

COMPANY: _____ **BILLING ADDRESS:** same

ADDRESS: _____ **BILLING CITY/STATE/ZIP:** _____

CITY/STATE/ZIP: _____ **PURCHASE ORDER #:** _____

PHONE #: _____ **FAX:** _____ **TURNAROUND REQUIRED:*** _____

** Expedited turnaround subject to additional charge*

CONTACT: _____ **EMAIL:** _____

PROJECT: _____ **SYSTEM #:** _____

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

LAB ID#	SAMPLE LOCATION	SAMPLE DATE	SAMPLE TIME	Number of Containers	MATRIX: Drinking Water / Waste Water	Water / Ground Water	Soil / Other Solid	Sludge [Solid] / Sludge [Liquid]	Oil / Solvent	Other: [specify]	ANALYTICAL TESTS REQUESTED
	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

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