

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 IDENTIFICATION	SAMPLE DATE	SAMPLE TIME	MATRIX		ANALYTICAL TESTS REQUESTED												Bacteriological					Repeat (Fail #)	SYSTEM #	
				DW = Drinking Water WW = Wastewater W = Water S = Soil SO = Solid SL = Sludge O = Other	Drinking Water FACILITY ID	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