

Chain of Custody Record

TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

Sampler ID _____

Temperature on Receipt _____

Drinking Water? Yes No

Client: *Monte del Gas Ins. Commission*
 Address: *1120 Lincoln St # 801*
 City: *Denver* State: *CO* Zip Code: *80203*

Project Name and Location (State): *Rice*
 Carrier/Waybill Number: *Dona by door*

Contract/Purchase Order/Quote No.: *18 # 512243*

Project Manager: *John Noto*
 Telephone Number (Area Code)/Fax Number: *720-498-5298*
 Date: *11/14*
 Chain of Custody Number: *167630*

Site Contact _____ Lab Contact _____
 Matrix: _____
 Containers & Preservatives: _____
 Sample I.D. No. and Description (Containers for each sample may be combined on one line):
 Date: *11/14* Time: *12:20*
 Air _____ Aquatics _____ Sed. _____ Soil _____
 Unpres. _____ H2SO4 _____ HNO3 _____ HCl _____ NaOH _____ ZnAc/NaOH _____

Sample I.D. No. and Description	Date	Time	Air	Aquatics	Sed.	Soil	Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH
<i>07502215001</i>	<i>11/14</i>	<i>12:20</i>										
<i>07502215002</i>		<i>12:35</i>										
<i>07502215003</i>		<i>12:45</i>										
<i>07502215004</i>		<i>12:55</i>										
<i>07502215005</i>		<i>13:10</i>										
<i>07502215002</i>		<i>13:50</i>										

Sample Disposal	QC Requirements (Specify)
<input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown <input type="checkbox"/> Return To Client	<input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months longer than 1 month

Possible Hazard Identification
 Turn Around Time Required: 24 Hours 48 Hours 7 Days 14 Days 21 Days Other _____

1. Relinquished By	Date	Time	1. Received By	Date	Time
<i>[Signature]</i>	<i>11/14</i>	<i>13:16</i>			
2. Relinquished By	Date	Time	2. Received By	Date	Time
3. Relinquished By	Date	Time	3. Received By	Date	Time

Comments