

Facility Name

CHAIN-OF-CUSTODY RECORD

Project Manager or Client Contact:			Preservative (Y/N)	Number of Containers	Type of Analyses Requested										Shaded area for lab use only:	
Address/Phone:																
Contact Name/Phone:																
Project Number: _____ Project Name: _____																
Page _____ of _____		Sample Location: _____													Collection Method	Log Number
Date	Time	Sample Identification/Station														
Sampled by: _____ <i>(signature)</i>			Date/Time: _____	Relinquished by: _____ <i>(signature)</i>			Date/Time: _____	Received by: _____ <i>(signature)</i>			Date/Time: _____					
Received by: _____ <i>(signature)</i>			Date/Time: _____	Received by: _____ <i>(signature)</i>			Date/Time: _____	Received by: _____ <i>(signature)</i>			Date/Time: _____					