Lab Control Number: _____

Chain Of Custody Form

Company Name: _____ Contact: _____ Phone #: _____

Project #:		Sampler(s) Signature:							A N A L Y T I C A L			
Project Name & Address:								Number of Containers				Remarks
Sample ID	Sample Location		COMP	GRAB	DATE	TIME	Matrix					

Fax Results: Y   N   Fax #:_____   Comments: _____

Relinquished By:	Received By:	Date:	Time:
Relinquished By:	Received By:	Date:	Time:
Received in Lab By:	Analysis Began By:	Date:	Time: