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Chain-of-Custody Record

Bold Fields Required. Please Circle Requested Analysis.

For Lab Use Only

Sample I.D.	Sampling Date/Time *If Composite, Indicate Both Start & Finish Date/Time	Matrix (see below)	Grab/*Composite	VOC: 524.2 524.2 BTEX 524.2 MTBE only	VOC: 8260B 624 VTICs 1, 4 Dioxane	VOC: 8021B BTEX HALOS	VOC: 8015B GRO MAVPH	SVOC: 8270D 625 SVTICs EDB DBCP ABN A BN PAH	SVOC: TPH8100 L1 L2	SVOC: 8015B DRO MAEPH	SVOC: PEST 608 PCB 608 PEST 8081A PCB 8082	SVOC: Oil & Grease 1664 TPH 1664	TCLP: TCLP 1311 ABN Metals VOC Pest Herb	Metals: Dissolved Metals (List Below)	Metals: Total Metals (List Below)	Inorganics: TS TSS TDS Spec. Con.	Inorganics: Br Cl F SO_4 NO_2 NO_3 NO_2NO_3	Inorganics: BOD CBOD T. Alk.	Inorganics: TKN NH_3 T. Phos. O. Phos.	Inorganics: pH T. Res. Chlorine	Inorganics: COD Phenols TOC DOC	Inorganics: Total Cyanide Total Sulfide	Inorganics: Reactive Cyanide Reactive Sulfide Flashpoint Ignitability	Micro: Total Coliform E. Coli Fecal Coliform	Micro: Enterococci Heterotrophic Plate Count	Other	Other	Other	# of Containers	Notes MeOH Vial #
Matrix: A-Air; S-Soil; GW-Ground Water; SW-Surface Water; DW-Drinking Water; WW-Waste water Preservative: H-HCL; N-HNO_3; S-H_2SO_4; Na-NaOH; M-MEOH																														

Project Manager: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext.: _____

Fax: _____

E-Mail: _____

Site Name: _____

Project #: _____

State: NH MA ME VT Other: _____

Regulatory Program: NPDES: RGP POTW Stormwater or GWP, Oil Fund, Brownfield or Other: _____

Quote #: _____ PO #: _____

Date Needed: _____

QA/QC Reporting Level

A B C

OR

Presumptive Certainty

Reporting Options

Prelims: Yes or No

If Yes: Fax or PDF

Electronic Options

No Fax E-Mail PDF Equis

Temp. _____ °C

ICE? Yes No

Sampler(s): _____

Relinquished By: Date: Time: Received By:

Relinquished By: Date: Time: Received By:

Relinquished By: Date: Time: Received By:

Metals: 8 RCRA 13 PP Fe, Mn Pb, Cu

Other Metals: _____

Samples Field Filtered? ☐ Yes ☐ No

Notes: (ie: Special Detection Limits, Billing Info, If Different)

Site History: _____

Suspected Contamination: _____

Field Readings: _____

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(White: Original Green: Project Manager)