

### Chain of Custody Sampling Record



Code/Location: \_\_\_\_\_

Samplers Signature: \_\_\_\_\_

Sampling						Preservation				Desired Analysis										Lab Verification Only		
Laboratory Sample ID	Sample Location/Name	Composite	Grab	Date	Time	H <sub>2</sub> SO <sub>4</sub>	Ice (<6.0°C)	Sterile	None	NSF STD 245					Temperature	DO	Fecal Coliform	E. Coli	Comments	Temperature (<6.0°C)	pH (preserved <2.0)	Chlorine (<0.03)
										NSF STD 40												
										pH	TSS	BOD <sub>5</sub>	CBOD <sub>5</sub>	Alkalinity								

Relinquished By: _____	Name/Date/Time _____	Received By: _____	Name/Date/Time _____
Method of Shipment: _____	Received by Laboratory Analyst: _____	Name/Date/Time _____	

**For lab use only:**

1. Parameters within holding times? Yes \_\_\_ No \_\_\_

2. Did samples containers arrive in good condition? Yes \_\_\_ No \_\_\_

3. Sufficient volume received for requested test? Yes \_\_\_ No \_\_\_

4. Received proper containers for the tests indicated? Yes \_\_\_ No \_\_\_

Notes: \_\_\_\_\_