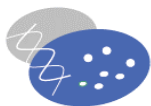




Cel Analytical_Pathogen Monitoring_Field Log Form Rev.2 Effective date 6.24.2021 to accompany Cel Analytical COC

SAMPLE DATA SHEET				
Sample Number				
Utility/Site Name				
Site Address				
City, State				
Sampler's Name ⁽¹⁾				
Water Type	<input type="checkbox"/> Surface Waters	<input type="checkbox"/> Treated Surface or Groundwaters	<input type="checkbox"/> Untreated Groundwater	<input type="checkbox"/> Other (specify in comments section)
Location at Sampling Site				
Filter Type:	Filter lot #			
	Start of Sampling Event	End of Sampling Event		
Date				
Time				
Totalizer Reading (L) OR				
Flow Rate (L/min)/ or Flow totalizer Start/Stop read out				
Total Sample Volume (L)				
If Sodium Thiosulfate is added in line provide concentration and Flow rate setting				
Water Parameter Readings				
Water Temperature				
pH				
Turbidity (NTU)				
Free Chlorine (mg/L)				
Comments/issues during sampling::				



cel analytical, inc.
water, wastewater, and soil laboratory services

82 Mary Street Suite #2
San Francisco, Ca 94103
Tel: (415) 882-1690
Fax: (415) 882-1685

Chain of Custody Record

Lab ID _____

Custody and Sample Information - Print ALL information. Put N/A in blanks not applicable.

Page _____ of _____

Report to:		Send Invoice to:		Project Name:			Turn Around Time					SOP#SP 02 Rev.5 Effective Date 4.21.2021									
							<input type="checkbox"/> Standard (7-10 d) <input type="checkbox"/> 72 hrs <input type="checkbox"/> 48 hrs <input type="checkbox"/> 24 hrs					Indicate Analysis Requested									
				Sampler's Signature / Date / Time:			Preservative														
							Total # of Sample Containers	Sample Type: G=Grab C=Composite	Na ₂ S ₂ O ₃	HCL	H ₂ SO ₄										
Item No.	Sample Identification	Sampling Date / Time																			
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
Released By:		Date	Time	Received By:		Date	Time	Sample Matrix: <input type="checkbox"/> Swab													
								Sample Matrix: <input type="checkbox"/> Solid													
								Solid Type: <input type="checkbox"/> Soil <input type="checkbox"/> Biosolid													
								Sample Matrix: <input type="checkbox"/> Water													
Comments: Client Comment Area				Sample condition: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected				Water Type: <input type="checkbox"/> Drinking water (DW) <input type="checkbox"/> Ambient Water (AW) <input type="checkbox"/> Wastewater (WW) <input type="checkbox"/> Reagent Grade Water (RGW) <input type="checkbox"/> Other Water													
				Temperature at the time of receipt: _____ °C																	
				<input type="checkbox"/> Ice pack <input type="checkbox"/> Blue Ice <input type="checkbox"/> Wet Ice																	
				Holding Time Preserved: <input type="checkbox"/> Yes <input type="checkbox"/> No																	