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Chain of Custody Record

Lab	ID

Custody and Sample Information - Print ALL information. Put N/A in blanks not applicable. Page of SOP#SP 02 Rev.5 Report to: Send Invoice to: Project Name: **Turn Around Time** ☐ Standard (7-10 d) Effective Date 4.21.2021 ☐ 72 hrs **Indicate Analysis Requested** ☐ 48 hrs □ 24 hrs Sampler's Signature / Date / Time: Preservative Total # of Sample Containers Sample Type: G=Grab C=Composite $Na_2S_2O_3$ H2S04 NONE HN03 Sampling Date / Time Item No. Sample Identification 1 2 3 4 5 6 7 8 9 10 Received By: Released By: Date Time Date Time Sample Matrix: □ Swab □ Solid Sample Matrix: Solid Type: □ Soil □ Biosolid Sample Matrix: □ Water Comments: Client Comment Area Sample condition:

Accepted
Rejected Water Type: □ Drinking water (DW) Temperature at the time of receipt: □ Ambient Water (AW) □ Ice pack □ Blue Ice □ Wet Ice □ Wastewater (WW) Holding Time Preserved: ☐ Yes ☐ No ☐ Reagent Grade Water (RGW) □ Other Water