

Shuttle/Cooler ID#:

# CHAIN OF CUSTODY

Geochemical Testing

Form F-5002, 12.16

Geochemical Testing • 2005 North Center Avenue • Somerset PA 15501 • (814) 443-1671 • Fax (814) 445-6729

<b>Billing Client:</b>	<b>Contact (Company):</b>	<b>Phone: ( )</b>
<b>Address:</b>	e-mail:	Fax: ( )
<b>City:</b> <b>State:</b> <b>Zip:</b>	<b>Sampled by:</b>	<b>State Sampled:</b>
<b>WO#:</b>	Project:	PO/Quote#:

<b>Sample Matrix:</b>	<b>GW</b> Ground Water	<b>SW</b> Surface Water	<b>PW</b> Potable Water	<b>WW</b> Wastewater	<b>SO</b> Soil	<b>SL</b> Sludge	<b>nHZ</b> Not Hazardous / <b>HZ</b> Hazardous	<b>PCBs</b>
<b>Sample Type:</b>	<b>G</b> Grab	<b>C</b> Composite	<b>D</b> Distribution/DW	<b>R</b> Raw/DW	<b>S</b> Special/DW	<b>O</b> Other		

Sample Location/ Description	Lab Number	Sample Matrix	Date	Time (Military)	Sample Type	**Analyses Requested	Remarks/ Preservatives, etc	Number of Containers
<i>**NOTE: IF multiple analytes from one bottle, OR if multiple bottles for one analyte, THEN list separately on one line UNLESS LISTED ON ATTACHED FIELD LOG</i>								
							Field Filtered: Y / N	
							Field Filtered: Y / N	
							Field Filtered: Y / N	
							Field Filtered: Y / N	
							Field Filtered: Y / N	
							Field Filtered: Y / N	
							Field Filtered: Y / N	
							Field Filtered: Y / N	

Note Deficiencies Here:

Relinquished by (Company & Signature)	Date	Time (Military)	Received by (Company & Signature):	Date	Time (Military)

**SAMPLES MUST BE PRESERVED ON ICE.**

Ice present on receipt: \_\_\_Yes or \_\_\_No      Cooler Temp (°C) on receipt: \_\_\_\_\_

Sample Receiving (1st Review): \_\_\_\_\_      Client Support (2nd Review): \_\_\_\_\_