CHAIN OF CUSTODY RECORD

Client:	Project Name/Number:
Address	Project Mgr.
	P.O. #
Phone Number:	Sampled By *(signature)*

Date	Time	Comp.	Grab	Matrix	Sample ID	Volume/ Number	Analysis									Comments

Relinquised By:*(signature)* Date: Time:

Received By:*(signature)* Date: Time:

Relinquised By:*(signature)* Date: Time:

Received By:*(signature)* Date: Time:

Upon sample reciept record the following results:

Temp (°C) _____ NH_3 (mg/L) _____ Cl (mg/L): _____

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