

Chain of Custody No. _____
 Multiple COC's Yes No



317 Elm Street Milford, NH 03055
 (603) 673-5440/ Fax (603) 673-0366

A CUSTOMER INFORMATION		B PROJECT INFORMATION				C SAMPLE INFORMATION	
CUSTOMER: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ TELEPHONE: _____ REPORT TO: _____ EMAIL TO: _____		JOB NAME: _____ JOB NUMBER: _____ LOCATION: _____ INVOICE EMAIL: _____ INVOICE TO: _____ P.O. NUMBER: _____		TURNAROUND TIME: (CIRCLE ONE): 10 DAY STANDARD RUSH (MUST BE PRE-APPROVED) 7 day 5 day 4 day 3 day 2 day 1 day Same Day		MCP <input type="checkbox"/> YES <input type="checkbox"/> GW1 <input type="checkbox"/> GW3 <input type="checkbox"/> NO <input type="checkbox"/> GW2	
57170 #	SAMPLE IDENTIFICATION & LOCATION (E)	COLLECTED (F)	SAMPLE TYPE (H)	MATRIX (I) # OF CONTAINERS		ANALYSIS (L)	
				GROUND WATER (G)	DRAINING WATER (D)		
		DATE	TIME	WASTE WATER (W)			
		DATE	TIME				
		DATE	TIME				
		DATE	TIME				
		DATE	TIME				
		DATE	TIME				
		DATE	TIME				
		DATE	TIME				
		DATE	TIME				

(K) CONTAINER PRESERVATIVE

(M) CUSTODY SAMPLER: (print name) _____ SIGNATURE: _____ RELINQUISHED: RECEIVED: RELINQUISHED: RECEIVED FOR LAB:	MILITARY TIME DATE TIME DATE TIME DATE TIME DATE TIME	SAMPLE CHECK LIST: RECEIVED WITHIN HOLD TIME YES OR NO RECEIVED IN GOOD CONDITION YES OR NO TEMP BLANK _____ °C SHIPPED OR HAND DELIVERED SAMPLES WERE PROPERLY PRESERVED YES NO N/A SAMPLES WERE FILTERED IN FIELD LAB N/A IF NO EXPLAIN:				FIELD READING(S) & COMMENTS:
		GROUP # _____				