Page _____ of _____

# Chain-of-Custody Record

**Bold Fields Required. Please Circle Requested Analysis.**

For Lab Use Only

| Sample I.D. | Sampling Date/Time *If Composite, Indicate Both Start & Finish Date/Time | Matrix (see below) | Grab/*Composite | VOC: 524.2 524.2 BTEX 524.2 MTBE only | VOC: 8260B 624 1,4 Dioxane VTICs EDB DBCP | VOC: 8021B BTEX HALOS | VOC: 8015B GRO MEGRO MAVPH | SVOC: 8270D 625 ABN A BN SVTICs PAH | SVOC: TPH8100 L1 L2 | SVOC: 8015B DRO MEDRO MAEPH | SVOC: PEST 608 PEST 8081A PCB 608 PCB 8082 | SVOC: Oil & Grease 1664 TPH 1664 | TCLP: TCLP 1311 VOC ABN Pest Herb Metals | Metals: Dissolved Metals (List Below) | Metals: Total Metals (List Below) | Inorganics: TS TSS TDS Spec. Con. | Inorganics: Br Cl F $SO_4$ $NO_2$ $NO_3$ $NO_2NO_3$ | Inorganics: BOD CBOD T. Alk. | Inorganics: TKN $NH_3$ T. Phos. O. Phos. | Inorganics: pH T. Res. Chlorine | Inorganics: COD Phenols TOC DOC | Inorganics: Total Cyanide Total Sulfide | Inorganics: Reactive Cyanide Reactive Sulfide Flashpoint Ignitability | Micro: Total Coliform E. Coli Fecal Coliform | Micro: Enterococci Heterotrophic Plate Count | Other | Other | Other | # of Containers | Notes MeOH Vial # |
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| Matrix: A-Air; S-Soil; GW-Ground Water; SW-Surface Water; DW-Drinking Water; WW-Waste water<br>Preservative: H-HCL; N-$HNO_3$; S-$H_2SO_4$; Na-NaOH; M-MEOH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Project Manager:** _____

**Company:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext.: _____

Fax: _____

E-Mail: _____

Site Name: _____

Project #: _____

State: NH MA ME VT Other: _____

**Regulatory Program:** NPDES: RGP POTW Stormwater or GWP, Oil Fund, Brownfield or Other: _____

Quote #: _____ PO #: _____

**Date Needed:** _____

**QA/QC Reporting Level**

A B C

OR

Presumptive Certainty

**Reporting Options**

Prelims: Yes or No

If Yes: Fax or PDF

**Electronic Options**

No Fax E-Mail PDF Equis

Temp. _____ °C

ICE? Yes No

Sampler(s): _____

**Relinquished By:** Date: Time: Received By:

**Relinquished By:** Date: Time: Received By:

**Relinquished By:** Date: Time: Received By:

**Metals:** 8 RCRA 13 PP Fe, Mn Pb, Cu

Other Metals: _____

Dissolved Metals Field Filtered? Yes No

Notes: (ie: Special Detection Limits, Billing Info, If Different)

Site History: _____

Suspected Contamination: _____

Field Readings: _____

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**(WHITE: Original GREEN: Project Manager)**