CHEMTECH - FORD ANALYTICAL LABORATORY

CHAIN OF CUSTODY

COMPANY: a

ADDRESS:

CITY/STATE/ZIP:

PHONE #: FAX:

CONTACT: PROJECT:

EMAIL:

BILLING ADDRESS:

BILLING CITY/STATE/ZIP:

PURCHASE ORDER #:

TURNAROUND REQUIRED:*

** Expedited turnaround subject to additional charge*

CHEMTECH-FORD LABORATORIES

☐ Mark 'X' here if you want a copy sent to DEQ Division of Drinking Water.

MATRIX

DW = Drinking Water
WW = Wastewater
W = Water
S = Soil
SO = Solid
SL = Sludge
O = Other

ANALYTICAL TESTS REQUESTED

Bacteriological

R = Routine
I = Investigative
TG = Trigger Source
CO = Confirmation

REPEAT
OR = Original Location
UP = Upstream
DN = Downstream

Lab ID #	SAMPLE NAME	SAMPLE DATE	SAMPLE TIME	*Drinking Water* FACILITY ID														FIELD: Residual Chlorine	Total Coliform + E. coli (Present/Absent)	Total Coliform + E. coli (Enumerated)	HPC (Plate Count)	E. coli only	WW: Total Coliform + Fecal Coliform			Repeat (Fail #)	SYSTEM #
	1.																										
	2.																										
	3.																										
	4.																										
	5.																										
	6.																										
	7.																										
	8.																										
	9.																										
	10.																										

Sampled by: [print]

Sampled by: [signature]

ON ICE NOT ON ICE

Special Instructions:

Relinquished by: [signature]	Date/Time	Received by: [signature]	Date/Time
Relinquished by: [signature]	Date/Time	Received by: [signature]	Date/Time
Relinquished by: [signature]	Date/Time	Received by: [signature]	Date/Time

CHEMTECH-FORD 6100 South Stratler Street (380 West) Murray, UT 84107 Phone: 801-262-7299 FAX: 801-262-7378 www.chemtechford.com

Payment Terms are net 30 days OAC. 1.5% interest charge per month (18% per annum). Client agress to pay collection costs and attorney's fees.