

# CHEMTECH - FORD ANALYTICAL LABORATORY

# CHAIN OF CUSTODY

COMPANY: \_\_\_\_\_  
 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

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

Lab ID #	SAMPLE NAME	SAMPLE DATE	SAMPLE TIME	MATRIX		ANALYTICAL TESTS REQUESTED												Bacteriological					Repeat (Fail #)	SYSTEM #				
				DW = Drinking Water	WW = Wastewater	W = Water	S = Soil	SO = Solid	SL = Sludge	O = Other	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	R = Routine	I = Investigative	TG = Trigger Source	CO = Confirmation								
				Drinking Water	FACILITY ID																							
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