

SAM Chain-of-Custody Record

Project Name _____ Reference _____ Address _____ _____ Samplers Signature _____ Lab To Be Used _____				ANALYSIS REQUESTED					SAMPLE TYPE				NO OF CONTAINERS	COPY OF LAB RESULTS MUST BE SENT TO: Dept. of Environmental Health Land and Water Quality Division P.O. Box 129261 San Diego, CA 92112-9261	
				TPH METHOD	TRPH EPA 418.1	BTXE (8021/8260)	HALOGENATED (8010/601)	MTBE (8260)	SOLID	LIQUID	GRAB	COMPOSITE		COMMENTS	
SAMPLE NO.	DATE	TIME	LOCATION												
① RELINQUISHED BY		Date	② RELINQUISHED BY		Date	③ RELINQUISHED BY			Date	TOTAL NO. OF CONTAINERS					
Signature		Time	Signature		Time	Signature			Time	Sample Conditions Received On Ice Yes/No Tape Seal Intact Yes/No					
Printed Name			Printed Name			Printed Name				Special Shipment/Handling Or Storage Requirements:					
Company		Company		Company											
RECEIVED BY		Date	RECEIVED BY		Date	RECEIVED BY			Date	Split Sample Location					
Signature		Time	Signature		Time	Signature			Time	<u>Site Identification</u> H# _____ AT# _____ SAM _____					
Printed Name			Printed Name			Printed Name									
Company			Company			Company									

Distribution: White - Laboratory
 Yellow - Contractor/Responsible Party
 Pink - SAM