

CHAIN OF CUSTODY											
Customer Name & Full Address			Sampling Location:			Analysis Required					
Phone :			Fax :								
Sampled by:		Total No. Samples		Date of Shipment : Transportation/Environmental condition:							
Item No.	Sample No.	Sample Marking/Sample lab ID		Sample Date	Sample Time	No. of boxes/ bags					
Released by (Signature)		Date/Time Released	Delivery Method	Received by (Signature)		Company/Agency		Date/Time Received		Condition Noted	

Comments :

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