

ORDER ID #

CHAIN-OF-CUSTODY/ANALYSIS REQUEST

DataResourcesInc.com



REPORT TO:	INVOICE TO:
EMAIL: _____	EMAIL: _____
Business: _____	Business: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
City / St. / Zip: _____	City / St. / Zip: _____
Phone / Fax: _____	Phone / Fax: _____
PROJECT MANAGER: _____	PO NUMBER: _____
PROJECT ID: _____	

FIELD TECHNICIAN NAME: HAND PRINTED _____ SIGNED _____	SAMPLE COLLECTION DATE/TIME		SAMPLE		EPA		CONTAINERS			TEST(s) REQUESTED
	DATE (MM-DD-YYYY)	TIME (24HR CLOCK)	TYPE	MATRIX	REGULATION	COMPLIANCE	QTY COLLECTED	TYPE	PRESERVATIVE	
SAMPLE LOCATION/DESCRIPTION										

COMPOSITE SAMPLER INFO:	Date/Time ON	Date/Time OFF	TEMP (°C)	SAMPLE TYPE:	EPA REGULATION:	CONTAINER TYPE:
ID: _____				C = Composite G = Grab	WW = Waste Water DW = Drinking Water CW = Clean Water NA = Not Applicable	P =Plastic G =Glass
TURN AROUND REQUEST: ___ STANDARD or ___ RUSH (SURCHARGED, PRESCHEDULED WITH P.M.) ___ # OF DAYS				MATRIX:		
FAX RESULTS ___ YES				L = Liquid S = Solid O = Other		
SAMPLE CUSTODY released by FIELD TECHNICIAN to ...	DATE (MM-DD-YYYY)	TIME (24HR)	TEMP (°C)	COMPLIANCE:		
RECEIVED by: _____			___ NP	S = SDWA N = NPDES R = RCRA I = IND PRETREAT O = OTHER		
Then RECEIVED by: _____			___ NP	6 =NaOH/ZnOAc, 7 =Na2S2O3, 8 =NONE 9 =H3PO4		
Then RECEIVED by: _____			___ NP	NP = NOT PRACTICAL		
Then RECEIVED by DATA RESOURCES:				RECEIPT LOCATION:(check one) DRC ___ DRG ___		