

Chain-Of-Custody Record



Report To											
Name:											
Address:											
Phone #:											
Email:											
Thermometer #:		Observed / Corrected Temp(°C): /									
Sample Iced (Circle One): Yes / No											
R=Routine Distribution, RP=Repeat, RW=Raw Well, S=Special, C=Construction											
Date	Time Collected	Type		Sample Name/Description	Laboratory Sample ID#		Test Method: SM9223 B(Colilert)			Rejection Code	
							Total Coliform	E. coli	Chlorine		
							Absent/Present	Absent/Present	Absent/Present		
							Total Coliform	E. coli	Chlorine		
							Absent/Present	Absent/Present	Absent/Present		
							Total Coliform	E. coli	Chlorine		
							Absent/Present	Absent/Present	Absent/Present		
							Total Coliform	E. coli	Chlorine		
							Absent/Present	Absent/Present	Absent/Present		
							Total Coliform	E. coli	Chlorine		
							Absent/Present	Absent/Present	Absent/Present		
							Total Coliform	E. coli	Chlorine		
							Absent/Present	Absent/Present	Absent/Present		
							Total Coliform	E. coli	Chlorine		
							Absent/Present	Absent/Present	Absent/Present		
Samplers Name (Print):						Laboratory Analysis					
Samplers Signature				Date/Time		Start Date and Time			Analyst:		
Received by Lab:				Date/Time		End Date and Time			Analyst		
						Laboratory Approval			Date and Time		