Chain of Custody _____ of _____

Client Information
Client:
Contact:
Address:
City / State / Zip:
Telephone:
Fax:

EAI Analytical Labs

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Project Information if applicable
System/Client Name:
System/Client Location:
EPA ID or Permit #:
Project Description:
Water Source: Drinking / Surface / Waste
Sampler Name: Phone #:

Analysis requested: Identify the preservative used, if any

Sample ID --- (this column for lab use)	**Sample Location**	**Date and Time Collected**	**Composite or Grab (C/G)**	**No. of Containers**	**Chlorinated (Y/N)**	**Preservative (Y/N)**								**Comments**

Custody	Date:	Time:
Sampled by:		
Relinquished by:		
Received by:		
Relinquished by:		
Received by:		

Reciept Checklist	
Received within hold time?	Y / N
Received enough volume for analysis?	Y / N
Received within acceptable temperature range?	Y / N
Received with appropriate preservative?	Y / N
Received in acceptable condition for analysis?	Y / N

EAI Analytical Labs' Sample Acceptance Policy can be found on our website.