



**Environmental**

# Chain of Custody Form

Page \_\_\_\_ of \_\_\_\_

**COC ID: 123456**

Cincinnati, OH  
+1 513 733 5336

Holland, MI  
+1 616 399 6070

Salt Lake City, UT  
+1 801 266 7700

Everett, WA  
+1 425 356 2600

Houston, TX  
+1 281 530 5656

Spring City, PA  
+1 610 948 4903

Fort Collins, CO  
+1 970 490 1511

Middletown, PA  
+1 717 944 5541

York, PA  
+1 717 505 5280

| Customer Information  |                    | Project Information |       |  |       |              | Parameter/Method Request for Analysis |                                      |   |   |   |                   |   |   |   |   |      |
|---|--------------------|---------------------|-------|--|-------|--------------|---------------------------------------|--------------------------------------|---|---|---|-------------------|---|---|---|---|------|
| Purchase Order  |                    | Project Name        |       |  |       | A            |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| Work Order  |                    | Project Number      |       |  |       | B            |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| Company Name  |                    | Bill To Company     |       |  |       | C            |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| Send Report To  |                    | Invoice Attn.       |       |  |       | D            |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| Address   |                    | Address             |       |  |       | E            |                                       |                                      |   |   |   |                   |   |   |   |   |      |
|   |                    |                     |       |  |       | F            |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| City/State/Zip  |                    | City/State/Zip      |       |  |       | G            |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| Phone   |                    | Phone               |       |  |       | H            |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| Fax   |                    | Fax                 |       |  |       | I            |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| e-Mail Address  |                    | e-Mail Address      |       |  |       | J            |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| No.   | Sample Description | Date                | Time  | Matrix   | Pres. | # Bottles    | A                                     | B                                    | C | D | E | F                 | G | H | I | J | Hold |
| 1   |                    |                     |       |  |       |              |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| 2   |                    |                     |       |  |       |              |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| 3   |                    |                     |       |  |       |              |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| 4   |                    |                     |       |  |       |              |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| 5   |                    |                     |       |  |       |              |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| 6   |                    |                     |       |  |       |              |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| 7   |                    |                     |       |  |       |              |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| 8   |                    |                     |       |  |       |              |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| 9   |                    |                     |       |  |       |              |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| 10  |                    |                     |       |  |       |              |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| Sampler(s): Please Print & Sign   |                    | Shipment Method:    |       | Required Turnaround Time:  |       |              |                                       | <input type="checkbox"/> Other _____ |   |   |   | Results Due Date: |   |   |   |   |      |
|   |                    |                     |       | <input type="checkbox"/> STD 10 Wk Days <input type="checkbox"/> 5 Wk Days <input type="checkbox"/> 2 Wk Days <input type="checkbox"/> 24 Hour |       |              |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| Relinquished by:  |                    | Date:               | Time: | Received by:   |       | Notes:       |                                       |                                      |   |   |   |                   |   |   |   |   |      |
| Relinquished by:  |                    | Date:               | Time: | Received by (Laboratory):  |       | Cooler Temp. | QC Package: (Check Box Below)         |                                      |   |   |   |                   |   |   |   |   |      |
| Logged by (Laboratory):   |                    | Date:               | Time: | Checked by (Laboratory):   |       |              | Level II: Standard QC                 |                                      |   |   |   |                   |   |   |   |   |      |
|   |                    |                     |       |  |       |              | Level III: Std QC + Raw Data          |                                      |   |   |   |                   |   |   |   |   |      |
|   |                    |                     |       |  |       |              | Level IV: SW846 CLP-Like              |                                      |   |   |   |                   |   |   |   |   |      |
| Preservative Key: 1-HCL 2-HNO3 3-H2SO4 4-NaOH 5-Na2S2O3 6-NaHSO4 7-Other 8-4 degrees C 9-5035 |                    |                     |       |  |       | Other: _____ |                                       |                                      |   |   |   |                   |   |   |   |   |      |

Note: Any changes must be made in writing once samples and COC Form have been submitted to ALS Environmental.

Copyright 2011 by ALS Group

