

## CHAIN OF CUSTODY RECORD

Ship to:

Analytical Services, Inc., 130 Allen Brook Lane, Williston, VT 05495, Attn: Sample Management Phone: 1-800-723-4432 or 802-878-5138 • Fax: 802-878-6765 Web site: www.analyticalservices.com

Submitted By:					Report To:							
Phone: Fax:					Phone: Fax:							
Project Name				Invoice To:								
Job Site												
P.O. Number	P.O. Number				Phone: Fax:							
Sample Identification*		Sample Collection		Sample Matrix								
		Date	Time	Water - Raw	Water - Finished	Waste Water	Biosolids	Soil/Sediment	Other	Analysis Requested		
				-	-			-	-			
				-	+-				+			
			,								LANGE HANDE	
*Sample ID shoul	d match ID written	on the sample	e containers :	and d	lata s	sheet	ts. S	amp	le ID	will appear on th	e report for identification	
Relinquishe	D	Date/Time			Re	∍ceiv 	ed E	Зу (s 	signature)	Date/Time		
						*						
Field Comments:					Lab Comments:							