

# Chain-Of-Custody Record



<b>Report To</b>	
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 Collected	Time Collected	Type	Sample Name/Description	Laboratory Sample ID#	Test Method: SM9223 B(Colilert)		Rejection Code
					Total Coliform Absent/Present	E. coli Absent/Present	Chlorine Absent/Present
					Total Coliform Absent/Present	E. coli Absent/Present	Chlorine Absent/Present
					Total Coliform Absent/Present	E. coli Absent/Present	Chlorine Absent/Present
					Total Coliform Absent/Present	E. coli Absent/Present	Chlorine Absent/Present
					Total Coliform Absent/Present	E. coli Absent/Present	Chlorine Absent/Present
					Total Coliform Absent/Present	E. coli Absent/Present	Chlorine Absent/Present
					Total Coliform Absent/Present	E. coli Absent/Present	Chlorine Absent/Present

Samplers Name (Print):		Laboratory Analysis	
Samplers Signature	Date/Time	Start Date and Time	Analyst:
		End Date and Time	Analyst
Received by Lab:	Date/Time	Laboratory Approval	Date and Time