



Chain of Custody Record

Laboratory Job Number: _____

Page ____ of ____

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Client Contact Information	Results Reporting Information	Invoicing Information
Company/Client Name:	Project Manager:	Accounts Payable Contact:
Address:	Mailing Address:	Mailing Address:
City/State/Zip:	City/State/Zip:	City/State/Zip:
phone:	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location:	P.O. #:	PWSID #:
Sampled By:	Project Name:	Project #:
		Permit #:

Send results to OR State Health Division? (Please circle) Yes No	Analysis Requested**
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Lab ID <small>Lab use only</small>	Sample Identification <small>Please enter a unique ID per line for each separate sample</small>	Date Collected	Time Collected <small>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd											SEE ATTACHED			
																			Sample Specific Notes/Field Data for each WW sample, specify Grab / Composite for each DW sample, specify Raw / Treated , Source / Distribution , Single / Combined WHERE APPLICABLE

Relinquished By (print): _____ Company: _____ Date/Time: _____ Signature: _____	Received By: _____ Company: _____ Date/Time: _____ Signature: _____
Relinquished By (print): _____ Company: _____ Date/Time: _____ Signature: _____	Received By: _____ Company: _____ Date/Time: _____ Signature: _____

The most current revision of SOP-10-003 was used when these samples were collected

Received by Laboratory Log-In Staff:	Date/Time: _____	Temp. on receipt: _____ °C	On ice? Y N	
		Containers Intact? Y N	ID: TRM-10- _____	

* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW), sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)

** Analyses for SOC, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.