



Chain of Custody Record

Laboratory Job Number: _____

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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 Lab use only	Sample Identification Please enter a unique ID per line for each separate sample	Date Collected	(Begin-End if comp.) Time Collected	Sample Matrix*	# of cont. rec'd											SEE ATTACHED	Sample Specific Notes/Field Data for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u> , <u>Source</u> / <u>Distribution</u> , <u>Single</u> / <u>Combined</u> 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 <input type="checkbox"/>	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.