



CWA / NPDES
Chain of Custody Record

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Number

Client			Report to Contact					Sampler (Printed Name)					Quote No.						
Address			Telephone No. / Fax No. / Email					Field Parameters (i.e., pH, temp, DO) can be recorded in check boxes					Page _____ of _____						
City	State	Zip Code	Preservative 1. Unpres. 4. HNO3 7. NaOH 2. NaOH/ZnA 5. HCL 3. H2SO4 6. Na Thio.			Analysis												Number of Containers	
Project Name																			
Project Number		P.O Number		G=Grab C=Composite	Collection Sample Temp °C		Matrix												Lot No.
Sample ID / Description (Containers for each sample may be combined on one line)		Date Yr.	Time 24-HOUR				GW	DW	WW	S									
			Start																
			Finish																
			Start																
			Finish																
			Start																
			Finish																
			Start																
			Finish																
Turn Around Time Required (Prior lab approval required for expedited TA)			Sample Disposal			QC Requirements (Specify)			Possible Hazard Identification										
<input type="checkbox"/> Standard <input type="checkbox"/> Rush (Please Specify)			<input type="checkbox"/> Return to Client <input type="checkbox"/> Disposal by Lab						<input type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison <input type="checkbox"/> Unknown										
1. Relinquished by / Sampler			Date	Time	1. Received by			Date	Time										
2. Relinquished by			Date	Time	2. Received by			Date	Time										
3. Relinquished by			Date	Time	3. Received by			Date	Time										
4. Relinquished by			Date	Time	4. Laboratory Received by			Date	Time										
Note: All samples are retained for six weeks from receipt unless other arrangements are made.						LAB USE ONLY			Received on Ice (Check) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ice Pack			Receipt Temp. _____ °C			Temp. Blank <input type="checkbox"/> Y / <input type="checkbox"/> N				