



CWA / NPDES
Chain of Custody Record

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Number

Client			Report to Contact					Sampler (Printed Name)					Quote No.				
Address			Telephone No. / Email					Field parameters (i.e., pH, temp, DO) can be recorded below					Page _____ of _____				
City		State	Zip Code		Preservative 1. Unpres. 4. HNO3 7. NaOH/ZnA 2. NaOH 5. HCL 3. H2SO4 6. Sodium Thiosulfate					Analysis					Number of Containers		
Project Name			P.O Number		Matrix										Container Type: P=Plastic G=Glass		
Project Number			Collection Date		Collection Time (military)		G=Grab	C=Composite	Collection Sample Temp °C						Chlorinated Y/N	Preservative (use code on left)	
Sample ID / Description (Containers for each sample may be combined on one line)																Lot No.	
			Start														
			Finish													Remarks / Cooler ID	
			Start														
			Finish														
			Start														
			Finish														
			Start														
			Finish														
			Start														
			Finish														
Turn Around Time Required (Prior lab approval required for expedited TAT) <input type="checkbox"/> Standard <input type="checkbox"/> Rush (Please Specify)			Sample Disposal <input type="checkbox"/> Return to Client <input type="checkbox"/> Disposal by Lab					QC Requirements					Possible Hazard Identification (List any known hazards in the remarks) <input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Flammable <input type="checkbox"/> SDS Provided <input type="checkbox"/> Skin Irritant <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 four weeks from receipt unless other arrangements are made						LAB USE ONLY Received on Ice (Check) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Ice Pack					Receipt Temp. _____ ° C		Temp. Blank <input type="checkbox"/> Y <input type="checkbox"/> N				