



## Chain of Custody and Analysis Request Record

PLEASE PRINT - Provide as much information as possible.

**NO: DEQ- 0906**

Company Name			Project Name, PWS, Well Permit No. (WOP), Etc.										Phone No.		Fax No.							
Sampler (Please Print)			Sampler (Signature)										Receipt Temp.: _____ c		On Ice: Yes No							
<b>MATRIX KEY</b>			Number of Containers	ANALYSIS REQUESTED										Composite	Grab	Preservative	Comments	Custody Seal				
<input type="checkbox"/> DW = Drinking Water <input type="checkbox"/> SW = Surface Water <input type="checkbox"/> GW = Groundwater <input type="checkbox"/> WW = Wastewater <input type="checkbox"/> OT = Other _____																		Yes No		Intact		Yes No
SAMPLE IDENTIFICATION (Name, Location, Interval, etc.)		Collection Date	Collection Time	MATRIX																Lab ID NO.		
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
<b>Custody Record MUST be Signed</b>		Relinquished by (print)		Date/Time:	Signature:					Received by (print):		Date/Time:	Signature:									
		Relinquished by (print)		Date/Time:	Signature:					Received by (print):		Date/Time:	Signature:									
		Sample Disposal:	Return to Client		Lab Disposal:					Received by Laboratory:		Date/Time:	Signature:									