

CHAIN OF CUSTODY / Drinking Water-General Analysis

The Chain of Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately and fully.

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Order #

(Rev. 200330)

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ACC#	Client Information:			Billing Information:			Matrix Code:	
Company Name:			PWS ID #			Quote Number	DWW = Drinking Water Well DWS = Drinking Water Surface WW = Waste Water GW = Ground Water SO = Solid/Soil/Sludge SW = Storm Water O = Oil OT = Other _____	
Contact Name:								
Address					P.O. Number			
City, State, Zip:			Project Name			Sales Manager		
Phone Number:					Harsin			
Fax Number:								
E-mail Address:								

Regulatory Agency			Turn Around Time (In Work Days)				Matrix Code	# of Containers	Container Size (mL)	Sample Volume (mL)	Type of Testing:		Preservation	Sample pH after preservation (checked by lab)
NPDES	RCRA	<u>Drinking Water</u>	Standard		Rush						<input type="checkbox"/> Regulated - ELI will release results to IDEM <input type="checkbox"/> Unregulated - ELI will NOT release results to IDEM			
UST	Health Dept.	<input type="checkbox"/> Distribution	10-15 Days	1 Day	3 Days	5 Days								
State	Other	<input type="checkbox"/> Special	The appropriate "Rush" must be circled and will incur a surcharge.											
Requested Analysis			Lab ID	Collection Information							Location/Description			
				Date	Time	Grab/Comp					Facility ID: _____ Sampling ID: _____			
						<input type="checkbox"/> G / <input type="checkbox"/> C					Facility ID: _____ Sampling ID: _____			
						<input type="checkbox"/> G / <input type="checkbox"/> C					Facility ID: _____ Sampling ID: _____			
						<input type="checkbox"/> G / <input type="checkbox"/> C					Facility ID: _____ Sampling ID: _____			
						<input type="checkbox"/> G / <input type="checkbox"/> C					Facility ID: _____ Sampling ID: _____			

Comments	Sampler Name and Signature				Sample Conditions		
	Sampler Name		Signature		Samples Intact?	On Ice?	Temp. (°C) (2-6 °C)
	Relinquished By		Date/Time				
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Pass ___ or Fail ___

If temperature QC failed, client was notified by ELI, Initials _____, Date & time _____.

Client requested to resample _____, or Client requested ELI to proceed to run all tests _____.

Client name authorizing tests _____, Date & time _____.

COC-1A