Chain of Custody Record

TestAmerica
THE LEADER IN ENVIRONMENTAL TESTING

TestAmerica Spokane
11922 E 1st Avenue
Spokane, WA 99206-5302
phone 509.924.9200 fax 509.924.9290

Regulatory Program:

TestAmerica Laboratories, Inc.

Client Contact	**Project Manager: Ann Harman**	**Site Contact:**	**Date:**	COC No:
Circle H Institute	**EMAIL: ann@circlehinstitute.com**	**Lab Contact:**	**Carrier:**	_____ of _____ COCs
5951 River Bend Way				Sampler:
Fruitland, WA 99129	**Analysis Turnaround Time**			**For Lab Use Only:**
509-722-3150	TAT if different from Below _____			Walk-in Client:
(xxx) xxx-xxxx FAX				Lab Sampling:
Project Name: Metals				
Site:				Job / SDG No.:
P O #				

Sample Identification	**Sample Date**	**Sample Time**	**Sample Type** (C=Comp, G=Grab)	**Matrix**	**# of Cont.**	**Filtered Sample (Y / N)**	**Perform MS / MSD (Y / N)**	**LEAD**	**pH**	Sample Specific Notes:
Your Sample Name/batch	9/17/2018			Water	1			X	X	
	9/17/2018			**Water**	**1**					
	9/17/2018			**Water**	**1**					
				Water	**1**					
				Water	**1**					
				Water	**1**					
				Water	**1**					
				water	**1**					

Preservation Used: 1= Ice, 2= HCl; 3= H_2SO_4; 4=HNO_3; 5=NaOH; 6= Other _____

Possible Hazard Identification:

Are any samples from a listed EPA Hazardous Waste? Please List any EPA Waste Codes for the sample in the Comments Section if the lab is to dispose of the sample.

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)

Special Instructions/QC Requirements & Comments: Use method 200.8 for drinking water

Custody Seals Intact: | Custody Seal No.: | Cooler Temp. (°C): Obs'd:_____ Corr'd:_____ Therm ID No.:_____

Relinquished by:	Company:	Date/Time:	Received by:	Company:	Date/Time:
Relinquished by:	Company:	Date/Time:	Received by:	Company:	Date/Time:
Relinquished by:	Company:	Date/Time:	Received in Laboratory by:	Company:	Date/Time: