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CHAIN OF CUSTODY

LAB WORK ORDER NO

• NOTE: SHADED AREAS ARE FOR TORRENT LAB USE ONLY •

Company Name:			Location of Sampling:						
Address:			Purpose:						
City:	State:	Zip Code:	Special Instructions / Comments:						
Telephone:		FAX:							
REPORT TO:			SAMPLER:		P.O. #:		EMAIL:		

TURNAROUND TIME:

- 10 Work Days
- 7 Work Days
- 5 Work Days
- 3 Work Days
- 2 Work Days
- 1 Work Day
- Noon - Nxt Day
- 2 - 8 Hours
- Other

SAMPLE TYPE:

- Storm Water
- Waste Water
- Ground Water
- Soil
- Air
- Other

REPORT FORMAT:

- QC Level IV
- EDF
- Excel / EDD



LAB ID	CLIENT'S SAMPLE I.D.	DATE / TIME SAMPLED	MATRIX	# OF CONT	CONT TYPE													REMARKS

1	Relinquished By:	Print:	Date:	Time:	Received By:	Print:	Date:	Time:
2	Relinquished By:	Print:	Date:	Time:	Received By:	Print:	Date:	Time:

Were Samples Received in Good Condition? Yes NO Samples on Ice? Yes NO Method of Shipment _____ Sample seals intact? Yes NO N/A

NOTE: Samples are discarded by the laboratory 30 days from date of receipt unless other arrangements are made. Page _____ of _____

Log In By: _____ Date: _____ Log In Reviewed By: _____ Date: _____