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CHAIN OF CUSTODY

LAB WORK ORDER NO

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

Company Name: <input type="checkbox"/> <input type="checkbox"/> Env. <input type="checkbox"/> Special			Project #:	PO #:
Address:			Project Name:	
City:	State:	Zip Code:	Comments:	
Telephone:	Cell:		SAMPLER:	Quote #:
REPORT TO:	BILL TO:		EMAIL:	

TURNAROUND TIME:

2 - 8 Hours 2 Work Days 5 Work Days
 Noon - Nxt Day 3 Work Days 7 Work Days
 1 Work Day 4 Work Days 10 Work Days

SAMPLE TYPE:

Indoor Air
 Ambient Air
 Soil/Gas Vapor
 Other

REPORT FORMAT:

Level II - Std.
 Excel - EDD
 EDF Std.-EDD
 QC Level III
 QC Level IV

LAB ID	CLIENT'S SAMPLE I.D.	DATE / TIME SAMPLED	MATRIX	# OF CONT	CONT TYPE	CANISTER I.D.	Initial Vac.	Final Vac.	Flow Controller #	TO 15	TO 15 SIM	TO 17	REMARKS
					6L 1L								
					6L 1L								
					6L 1L								
					6L 1L								
					6L 1L								
					6L 1L								
					6L 1L								
					6L 1L								
					6L 1L								
					6L 1L								



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.

Log In By: _____ Date: _____ Labeled By: _____ Date: _____ Temp _____ °C Page ____ of ____ Rev. 5