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CHAIN OF CUSTODY

LAB WORK ORDER NO

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

Company Name:		Env.	Non Env.	Project #:	PO#:
Address:				Project Name:	
City:	State:	Zip Code:		Comments:	
Telephone:		Cell:		SAMPLER:	
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:

- Drinking Water
 Storm Water
 Air
 Waste Water
 Wipe
 Ground Water
 Other
 Soil
 Product / Bulk

REPORT FORMAT:

- Level II - Std.
 DoD/DoE Level III
 DoD/DoE Level III
 Excel - EDD
 EDF
 Client Specific EDD

ANALYSIS REQUESTED

LAB ID	CANISTER I.D.	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:

Cooler Temperature _____ °C
 Samples Received on ice? Yes No
 Method of Shipment _____