

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/Global ID:					
Telephone:			Cell:			SAMPLER:			Quote #:		
REPORT TO:				BILL TO:				EMAIL:			

TURNAROUND TIME:

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

SAMPLE TYPE:

Indoor Air
 Ambient Air
 Soil/Gas Vapor
 Other

REPORT FORMAT:

Stage 2A
 Std. EDD - Excel
 EDF Stage 2B
 Stage 4
 Client Specific EDD



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	ASTMD 1946			REMARKS
					6L 1L other										
					6L 1L other										
					6L 1L other										
					6L 1L other										
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					6L 1L other										
					6L 1L other										

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.