



HydroAnalytical - Chain of Custody Record

2413 Nashville Road #61066 | Bowling Green, KY 42101 | 270 - 745 - 5287

Customer Contact Information (Billing Address)					
Company: _____	Email: _____	Address: _____			
Phone: _____	City: _____	State: _____	Zip Code: _____	PO#: _____	
Special Instructions: _____					

Legend for Sample Data Entry					
Container			Preservation		
P - Plastic	GA - Glass, Amber	GA-CT - Glass, Amber - Closed Top	S - Sulfuric Acid (H ₂ SO ₄)	H - Hydrochloric Acid (HCl)	ST - Sodium Thiosulfate (Na ₂ S ₂ O ₃)
G - Glass	GA-OT - Glass, Amber - Open Top (septa)	N - Nitric Acid (HNO ₃)	SH - Sodium Hydroxide (NaOH)		

Requested Turn-Around Time (# of work days)	
<input type="checkbox"/> Standard (2 Weeks)	<input type="checkbox"/> 24 Hours
<input type="checkbox"/> 5 Business Days	

<input type="checkbox"/> Boil Water Advisory
<input type="checkbox"/> Compliance Samples
<input type="checkbox"/> Investigative/Monitoring (non-compliance)
<input type="checkbox"/> DMR Entry

Project # (Lab Use): _____
Temperature at Receipt (°C): _____

Accept (A) / Unaccept (U)

Collection	Sample Identification	Container	Preservation	Requested Analyses	Bacteriological Samples			Sampler Initials	Sample Notes <i>If rejected, indicate reason</i>
					Bottle Code	Volume	A / U		
Date: _____						>100mL 100mL <100mL	A U		
Time (CST): _____						>100mL 100mL <100mL	A U		
Date: _____						>100mL 100mL <100mL	A U		
Time (CST): _____						>100mL 100mL <100mL	A U		
Date: _____						>100mL 100mL <100mL	A U		
Time (CST): _____						>100mL 100mL <100mL	A U		
Date: _____						>100mL 100mL <100mL	A U		
Time (CST): _____						>100mL 100mL <100mL	A U		

Signature of Sampler: _____ Print Name of Sampler: _____

Relinquished by:	Date:	Received by:
Representing:	Time:	Representing:
Relinquished by:	Date:	Received by:
Representing:	Time:	Representing:
Relinquished by:	Date:	Received by:
Representing:	Time:	Representing:
Relinquished by:	Date:	Received by:
Representing:	Time:	Representing:

THIS SECTION FOR LAB USE ONLY	
Emailed KDOW Regional Office:	_____
Called PWS:	_____
Called BWA Hotline:	_____
Emailed Results:	_____
Invoiced:	_____
<input type="checkbox"/> After Hours Charge	