

# HydroAnalytical - Chain of Custody Record

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

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

Requested Turn-Around Time (Check One)	
<input type="checkbox"/>	Standard (14 working days)
<input type="checkbox"/>	Rush ( 5-7 working days)
<input type="checkbox"/>	24 Hours Certain analytes only - Contact Lab before sampling.

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

Collection Method <sup>1</sup>	Matrix <sup>2</sup>	Container Type <sup>3</sup>		Preservatives <sup>4</sup>		
G - Grab	S - Soil/Solid	P - Plastic	VOA - VOA vial with septa	S - H2SO4 pH <2	H - HCl pH <2	SH - NaOH pH > 9
C - Composite	A - Aqueous	G - Glass	GA - Glass, Amber	N - HNO3 pH <2	ST - Na2S2O3	Ice - Cooled < 6°C

*All containers per Table II of 40 CFR Part 136 unless noted otherwise.*

Sample Collection <i>Times are CST unless noted</i>			Sample Identification	Matrix <sup>2</sup>	Container Type <sup>3</sup>	Number of Containers	Preservative <sup>4</sup>	Requested Analysis
Date	Time	Method <sup>1</sup>						

Sections Below for Lab Use Only
Lab Project # : _____
Sample Temp. at Receipt (°C): _____

Sample Notes <i>If rejected, indicate a reason.</i>	Bacteriological Samples <i>Accept (A) / Unaccept (U)</i>		
	Bottle Code	Volume	A / U
		>100mL 100mL <100mL	A U
		>100mL 100mL <100mL	A U
		>100mL 100mL <100mL	A U
		>100mL 100mL <100mL	A U
		>100mL 100mL <100mL	A U
		>100mL 100mL <100mL	A U

Signature of Sampler: _____		Print Name of Sampler: _____	
Relinquished by:	Date:	Received by:	Date:
Representing:	Time:	Representing:	Time:
Relinquished by:	Date:	Received by:	Date:
Representing:	Time:	Representing:	Time:
Relinquished by:	Date:	Received by:	Date:
Representing:	Time:	Representing:	Time:
Relinquished by:	Date:	Received by:	Date:
Representing:	Time:	Representing:	Time:

DOW-BGRO Notification: _____
PWS Notified: _____
DOW RTRC Mgr Notification: _____
Client Contact Notification: _____
Analysis Report Sent: _____
Invoiced: _____
<input type="checkbox"/> After-Hours Charge <input type="checkbox"/> Rush Charge