



HydroAnalytical - Chain of Custody Record

Required Fields for Customer Completion = **Red Text**
 Fields to be completed at the Lab or by Lab Staff = **Blue Text**

Customer Contact Information (Billing Address)				
Company: HydroAnalytical	Email: hydroanalytical@wku.edu	Address: 2413 Nashville Road		
Phone: 270-745-5287	City: Bowling Green	State: KY	Zip Code: 42101	PO#: 0
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 checked="" type="checkbox"/> Standard (2 Weeks)	<input type="checkbox"/> 24 Hours
<input type="checkbox"/> 5 Business Days	

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

Project # (Lab Use): 0119999
Temperature at Receipt (°C): 15

Accept (A) / Unaccept (U)

Collection	Sample Identification	Container	Preservation	Requested Analyses	Bacteriological Samples			Sample Notes (If Rejected, note reason)
					Bottle Code	Volume	A / U	
Date: 2/28/2018 Time: 1430	Sample 001	P	S	Total Phosphorus		>100mL 100mL <100mL	A U	
Date: 2/28/2018 Time: 1450	Sample 002	P	ST	E. coli	A18	>100mL 100mL <100mL	A U	
Date: 2/28/2018 Time: 1500	Sample 003	G	H	Oil & Grease		>100mL 100mL <100mL	A U	
Date: _____ Time: _____						>100mL 100mL <100mL	A U	
Date: _____ Time: _____						>100mL 100mL <100mL	A U	
Date: _____ Time: _____						>100mL 100mL <100mL	A U	

Signature of Sampler: Sampler Signature Print Name of Sampler: Sampler Name

Relinquished by: Sampler Signature	Date: 2/28/2018	Received by: Lab Employee Signature
Representing:	Time: 1515	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	