



HydroAnalytical - Chain of Custody Record

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: _____									
Date: _____						>100mL 100mL <100mL	A U		
Time: _____									
Date: _____						>100mL 100mL <100mL	A U		
Time: _____									
Date: _____						>100mL 100mL <100mL	A U		
Time: _____									
Date: _____						>100mL 100mL <100mL	A U		
Time: _____									

Signature of Sampler: _____ Print Name of Sampler: _____

Relinquished by: _____	Date: _____	Relinquished by: _____
Representing: _____	Time: _____	Representing: _____
Relinquished by: _____	Date: _____	Relinquished by: _____
Representing: _____	Time: _____	Representing: _____
Relinquished by: _____	Date: _____	Relinquished by: _____
Representing: _____	Time: _____	Representing: _____
Relinquished by: _____	Date: _____	Relinquished 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	