

POLLUTION CONTROL SERVICES

Chain of Custody Number

MULTIPLE SAMPLE ANALYSIS REQUEST AND CHAIN OF CUSTODY FORM

Stamp 1st sample and COC as same number

CUSTOMER INFORMATION				REPORT INFORMATION												
Name:				Attention:				Phone:				Fax:				
SAMPLE INFORMATION								Requested Analysis								
Project Information: Report "Soils" <input type="checkbox"/> As Is <input type="checkbox"/> Dry Wt.			Collected By: Field Chlorine Residual mg/L Composite or Grab		Matrix DW-Drinking Water; NPW-Non-potable water; WW-Wastewater; LW-Liquid Waste		Container Type Number		Instructions/Comments:							
Client / Field Sample ID	Collected		<input type="checkbox"/> C <input type="checkbox"/> G	<input type="checkbox"/> DW <input type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Soil <input type="checkbox"/> Sludge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> O	<input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₃ PO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/> _____		PCS Sample Number								
	Date	Time														
	Start:	Start:														
	End:	End:														
	Start:	Start:														
	End:	End:														
	Start:	Start:														
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	Start:	Start:														
	End:	End:														

Required Turnaround: Routine (6-10 days)
 EXPEDITE: (See Surcharge Schedule)
 < 8 Hrs.
 < 16 Hrs.
 < 24 Hrs.
 5 days
 Other: _____
Rush Charges Authorized by: _____

Sample Archive/Disposal: Laboratory Standard
 Hold for client pick up
Container Type: P = Plastic, G = Glass, O = Other _____
 Carrier ID: _____

Relinquished By:	Date:	Time:	Received By:	Date:	Time:
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Rev. Multiple Sample COC_20180628

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