Colorado Analytical Laboratories, Inc.

CHAIN OF CUSTODY RECORD

Company Name:	Contact Person:	Colorado Analytical Laboratories, Inc. P.O. Drawer 507 240 South Main Street Brighton, Colorado 80601 303-659-2313 FAX: 303-659-2315
Address: City/ST/ZIP:	Project ID/Description:	
Telephone: FAX:	Sampled by: P.O. NO:	Tests Requested

LABORATORY USE ONLY

NO.

LAB #_____

LGN _____

LOC _____

QC _____

DISP _____

DUE _____

Sample Matrix (Circle One):

DRINKING WATER WASTE WATER GROUND WATER SURFACE WATER SOIL SLUDGE

OTHER (Specify):_____

Date	Time	Client Sample ID	# OF CONTAINERS	GRAB or (Check One Only) COMPOSITE	RESIDUAL CHLORINE (MG/L) (Drinking Water Only)								

REPORT RESULTS TO CDH: **Y** or **N**
(Drinking Water Only)

PUBLIC WATER SUPPLY INFO.

PWSID: _____

SYS NAME: _____

ADDRESS: _____

CITY & STATE: _____

ZIP: _____

COUNTY: _____

Comments:

Delivered By:

Relinquished By:	Date/Time	Received By:	Date/Time	Relinguished By:	Date/Time	Received By:	Date/Time