



EMSL ANALYTICAL, INC.  
LABORATORY • PRODUCTS • TRAINING

# Environmental Chemistry Chain of Custody

EMSL Order Number (Lab Use Only):

PHONE:  
FAX:

Report To Contact Name:					Bill To Company:												
Company Name:					Attention To:												
Street:					Street:												
City:		State/Province:		Zip/Postal Code:		City:		State/Province:		Zip/Postal Code:							
Phone:			Fax:			Phone:			Fax:								
Project Name:				Email Results To:				Purchase Order:									
U.S. State where Samples Collected:				Number of Samples in Shipment:				Date of Shipment:									
Sample for Compliance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, NPDES? <input type="checkbox"/> Other (Specify):						PWS ID #:		State Reporting Required? (Y/N) _____									
Samples Collected by: EMSL <input type="checkbox"/> Client <input type="checkbox"/> check one				Sampled By (Signature):				Samples Received Chilled? (Y/N) _____									
Standard Turnaround Time: <input type="checkbox"/> 2 Weeks			The following TATs are subject to lab approval: <input type="checkbox"/> 1 Week <input type="checkbox"/> 4 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 2 Days <input type="checkbox"/> 1 Day														
Failure to complete will hinder processing of samples			Matrix	Preservative	List Test(s) Needed												
Client Sample ID		Comp	Grab	Collect Date/Time	W=Water S=Soil A=Air SL=Sludge O= Other	1=HCL 2=HNO3 3=H2SO4 4=ICE 5=Other					Field pH	Field pH Test Time	Field Temp. Deg C	Field Temp. Test Time	Comments		
		<input type="checkbox"/>	<input type="checkbox"/>														
		<input type="checkbox"/>	<input type="checkbox"/>														
		<input type="checkbox"/>	<input type="checkbox"/>														
		<input type="checkbox"/>	<input type="checkbox"/>														
		<input type="checkbox"/>	<input type="checkbox"/>														
Released By (Signature)				Date & Time				Received By				Date & Time					
Please indicate reporting requirements: <input type="checkbox"/> Results Only <input type="checkbox"/> Results and QC <input type="checkbox"/> Reduced Deliverables <input type="checkbox"/> Disk Deliverable <input type="checkbox"/> Other _____																	
Instructions or Comments:																	

Note: Field pH and Field Temperature are tested on the same day as the date of sample collection.

(Lab) Received Temperature: \_\_\_\_\_°C



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*Additional Pages of the Chain of Custody are only necessary if needed for additional sample information*

Failure to complete will hinder processing of samples			Matrix	Preservative	List Test(s) Needed								Comments	
Client Sample ID	Comp	Grab	W=Water S=Soil A=Air SL=Sludge O= Other	1=HCL 2=HNO3 3=H2SO4 4=ICE 5=Other						Field pH	Field pH Test Time	Field Temp Deg C		Field Temp Test Time
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Note: Field pH and Field Temperature are tested on the same day as the date of sample collection. (Lab) Received Temperature: \_\_\_\_\_ °C