PRISM LABORATORIES, INC.

Clear

WASTEWATER CHAIN OF CUSTODY

Full Service Analytical & Environmental Solutions

449 Springbrook Road • P.O. Box 240543 • Charlotte, NC 28224-0543
Phone: 704/529-6364 • Fax: 704/525-0409

PAGE ___ OF ___ QUOTE # TO ENSURE PROPER BILLING: ___

Client Company Name: ___
Report To/Contact Name: ___
Reporting Address: ___

Phone: ___ Fax (Yes) (No): ___
Email (Yes) (No) Email Address ___
EDD Type: PDF___ Excel ___ Other ___
Site Location Name: ___
Site Location Physical Address: ___

Project Name: ___
Short Hold Analysis: (Yes) (No) UST Project: (Yes) (No)
*Please ATTACH any project specific reporting (QC LEVEL I II III IV) provisions and/or QC Requirements
Invoice To: ___
Address: ___

Purchase Order No./Billing Reference ___

Requested Due Date 1 Day 2 Days 3 Days 4 Days 5 Days
"Working Days" 6-9 Days Standard 10 days Rush Work Must Be Pre-Approved

Samples received after 15:00 will be processed next business day.
Turnaround time is based on business days, excluding weekends and holidays.
(SEE REVERSE FOR TERMS & CONDITIONS REGARDING SERVICES RENDERED BY PRISM LABORATORIES, INC. TO CLIENT).

LAB USE ONLY

	YES	NO	N/A
Samples INTACT upon arrival?			
Received ON WET ICE? Temp ___			
PROPER PRESERVATIVES indicated?			
Received WITHIN HOLDING TIMES?			
CUSTODY SEALS INTACT?			
VOLATILES rec'd W/OUT HEADSPACE?			
PROPER CONTAINERS used?			

TO BE FILLED IN BY CLIENT/SAMPLING PERSONNEL

Certification: NELAC___ USACE___ FL___ NC___
SC___ OTHER ___ N/A ___
Water Chlorinated: YES___ NO___
Sample Iced Upon Collection: YES___ NO___

CLIENT SAMPLE I.D.	SAMPLE TYPE		CONTAINER TYPE AND SIZE (ML)			PRESERVATIVES USED						ANALYSES TO BE PERFORMED ON THE SAMPLES																PRISM LAB ID NO.
	Comp	Grab	Plastic	Glass	Other	None	Iced	HCl	NaOH	HN03	H_2S04	pH	BOD	TSS	Cd	Cr	Cu	Pb	Ni	Ag	Zn	O&G	CN-	NH3 as N					

PRESS DOWN FIRMLY - 3 COPIES

Sampler's Signature ___ Sampled By (Print Name) ___ Affiliation ___

Upon relinquishing, this Chain of Custody is your authorization for Prism to proceed with the analyses as requested above. Any changes must be submitted in writing to the Prism Project Manager. There will be charges for any changes after analyses have been initialized.

Relinquished By: (Signature)	Received By: (Signature)	Date	Military/Hours
Relinquished By: (Signature)	Received By: (Signature)	Date	
Relinquished By: (Signature)	Received For Prism Laboratories By:	Date	

Method of Shipment: NOTE: ALL SAMPLE COOLERS SHOULD BE TAPED SHUT WITH CUSTODY SEALS FOR TRANSPORTATION TO THE LABORATORY. SAMPLES ARE NOT ACCEPTED AND VERIFIED AGAINST COC UNTIL RECEIVED AT THE LABORATORY.

Fed Ex UPS Hand-delivered Prism Field Service Other ___

COC Group No.

Additional Comments:

PRISM USE ONLY

Site Arrival Time:	
Site Departure Time:	
Field Tech Fee:	
Mileage:	

Composite Type: FLOW TIME HAND (circle one)

Start Date & Time for Composite Sampler: ___/___/___ ___ Hrs
Stop Date & Time for Composite Sample: ___/___/___ ___ Hrs
Date & Time Composite Sample Collected: ___/___/___ ___ Hrs
Total Hours Composite Collected Over: ___ Hours.

End Flow: ___ Gal / Cu Feet (circle one)
Start Flow: ___
Total: 0.00

Date & Time Grab(s) Taken: ___/___/___ ___ Hrs
Field pH Meter Calibrated: Yes___ No___
Field pH Result: ___ Analyst's Initials: ___
Field Temp. Result: ___ Analyst's Initials: ___
Sampler Interrupted: Yes___ No___ If Yes, Why? ___

SEE REVERSE FOR TERMS & CONDITIONS

ORIGINAL