

Chain-Of-Custody Record



Report To	
Name:	
Address:	
Phone #:	
Email:	
Thermometer #:	Observed / Corrected Temp(°C): /
Sample Iced (Circle One): Yes / No	
R=Routine Distribution, RP=Repeat, RW=Raw Well, S=Special, C=Construction	

Date	Time Collected	Type	Sample Name/Description	Laboratory Sample ID#	Test Method: SM9223 B(Colilert)	E. coli	Chlorine	Rejection Code
					Total Coliform	E. coli	Chlorine	
					Absent/Present	Absent/Present	Absent/Present	
					Total Coliform	E. coli	Chlorine	
					Absent/Present	Absent/Present	Absent/Present	
					Total Coliform	E. coli	Chlorine	
					Absent/Present	Absent/Present	Absent/Present	
					Total Coliform	E. coli	Chlorine	
					Absent/Present	Absent/Present	Absent/Present	
					Total Coliform	E. coli	Chlorine	
					Absent/Present	Absent/Present	Absent/Present	
					Total Coliform	E. coli	Chlorine	
					Absent/Present	Absent/Present	Absent/Present	
					Total Coliform	E. coli	Chlorine	
					Absent/Present	Absent/Present	Absent/Present	

Samplers Name (Print):		Laboratory Analysis	
Samplers Signature	Date/Time	Start Date and Time	Analyst:
Received by Lab:	Date/Time	End Date and Time	Analyst
		Laboratory Approval	Date and Time