



200 Bluewater Road, Suite 105, Bedford, Nova Scotia B4B 1G9 Tel: 902-420-0203 Fax: 902-420-8612 Toll Free: 1-800-565-7227
 49-55 Elizabeth Avenue, St John's, NL A1A 1W9 Tel: 709-754-0203 Fax: 709-754-8612 Toll Free: 1-888-492-7227
 465 George Street, Unit G, Sydney, NS B1P 1K5 Tel: 902-567-1255 Fax: 902-539-6504 Toll Free: 1-888-535-7770

www.maxxam.ca

E-mail: Customerservicebedford@maxxam.ca

CHAIN OF CUSTODY RECORD

COC #:

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Invoice Information	Report Information (if differs from invoice)	Project Information (where applicable)	Turnaround Time (TAT) Required
Company Name: _____ Contact Name: _____ Address: _____ Postal Code: _____ Phone: _____ Fax: _____ Email: _____	Company Name: _____ Contact Name: _____ Address: _____ Postal Code: _____ Phone: _____ Fax: _____ Email: _____	Quotation #: _____ P.O. #: _____ Project #: _____ Site Location: _____ Site #: _____ Sampled By: _____	<input type="checkbox"/> Regular TAT (5 business days) Most analyses PLEASE PROVIDE ADVANCE NOTICE FOR RUSH PROJECTS IF RUSH please specify date (Surcharges will be applied) DATE REQUIRED: _____

Laboratory Use Only				Analysis Requested																		Regulatory Requirements (Specify)						
CUSTODY SEAL		COOLER TEMPERATURES		COOLER TEMPERATURES		# OF CONTAINERS SUBMITTED	FIELD FILTERED & PRESERVED	LAB FILTRATION REQUIRED	RCAP-MS (Total Metals) Well / Surface water	RCAP-MS (Dissolved Metals) Ground waters	Metals (Water)			Metals (Soil)			RBCA Hydrocarbons (BTEX, C6-C32)	Hydrocarbons Soil (Potable), NS Fuel Oil Spill Policy Low Level BTEX, C6-C32	CCME Hydrocarbons (CWS-PHC F1/BTEX, F2-F4)	NB Potable Water BTEX, VPH, Low level T.E.H	PAHs (Default for water/soil)	PAHs (FWAL /CCME Sediment)	PCBs	VOCs	Total Coliform/E.coli (Presence/Absence)	Total Coliform/E.coli (Count)	HOLD- DO NOT ANALYZE	COMMENTS
Present	Intact																											
COOLING MEDIA PRESENT Y / N				SAMPLES MUST BE KEPT COOL (< 10 °C) FROM TIME OF SAMPLING UNTIL DELIVERY TO MAXXAM				DATE SAMPLED (YYYY/MM/DD)		TIME SAMPLED (HH:MM)		MATRIX																
SAMPLE IDENTIFICATION																												
1																												
2																												
3																												
4																												
5																												
6																												
7																												
8																												
9																												
10																												
RELINQUISHED BY: (Signature/Print)				DATE: (YYYY/MM/DD)		TIME: (HH:MM)		RECEIVED BY:(Signature/Print)						DATE: (YYYY/MM/DD)		TIME: (HH:MM)		MAXXAM JOB #										

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