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CHAIN OF CUSTODY RECORD

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INVOICE INFORMATION:	REPORT INFORMATION (if differs from invoice):	PROJECT INFORMATION:	MAXXAM JOB NUMBER:
Company Name: _____	Company Name: _____	Quotation # _____	_____
Contact Name: _____	Contact Name: _____	P.O. #: _____	_____
Address: _____	Address: _____	Project #: _____	CHAIN OF CUSTODY # :
Phone: _____ Fax: _____	Phone: _____ Fax: _____	Project Name: _____	_____
Email: _____	Email: _____	Location: _____	_____
		Sampled By: _____	

For water samples: please include date and time of sampling
Water sample should be kept below 10°C, but not frozen

Pls include Serving Size and Reference Amount for Nutritional testing

ANALYSIS REQUESTED (Please be specific):											
Regulated Drinking Water ? (Y / N)	Metals Field Filtered ? (Y / N)										

TURNAROUND TIME (TAT) REQUIRED:

PLEASE PROVIDE ADVANCE NOTICE FOR RUSH PROJECTS

Regular (Standard) TAT:
 5 to 7 Working Days

Rush TAT: Rush Confirmation # _____
 (call Lab for #)

1 day 2 days 3 days

DATE Required: _____

TIME Required: _____

SAMPLES MUST BE KEPT COOL (< 10 °C) FROM TIME OF SAMPLING UNTIL DELIVERY TO MAXXAM

	Sample Identification	Date Sampled	Time Sampled	Matrix food, wtr, swab
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Please note that TAT for certain tests such as BOD and Dioxins/Furans are > 5 days - contact your Project Manager for details.

# of Cont.	COMMENTS / TAT COMMENTS

RELINQUISHED BY: (Signature/Print)	RECEIVED BY: (Signature/Print)	Date:	Time:	Laboratory Use Only	
				Temperature (°C) on Receipt	Condition of Sample on Receipt
					<input type="checkbox"/> OK <input type="checkbox"/> SIF

*** MANDATORY SECTIONS IN GREY MUST BE FILLED OUT. AN INCOMPLETE CHAIN OF CUSTODY MAY RESULT IN ANALYTICAL TAT DELAYS**

White: Maxxam Yellow: Mail Pink: Client