

	Specialty Analytical 9011 SE Jannsen Rd Clackamas, OR 97015 Phone: 503-607-1331 Fax: 503-607-1336	Chain of Custody Record			
		Date: _____	Page: _____	of: _____	Laboratory Project No (internal): _____
Client: _____		Project Name: _____		Temperature on Receipt: _____	
Address: _____		Project No: _____ PO No: _____		Custody Seal: Y / N	
City, State, Zip: _____		Collected by: _____		Shipped Via: _____	
Telephone: _____		State Collected: OR WA OTHER		Notes: _____	
Invoice To: _____		Report To (PM): _____		Sample Disposal: <input type="checkbox"/> Return to client <input type="checkbox"/> Disposal by lab (after 60 days)	
		PM Email: _____			

Client: _____	Project No: _____	PO No: _____	Temperature on Receipt: _____
Address: _____	Collected by: _____		Custody Seal: Y / N
City, State, Zip: _____	State Collected: OR WA OTHER		Shipped Via: _____
Telephone: _____	Report To (PM): _____		Notes: _____
Invoice To: _____	PM Email: _____		

Sample Name	Sample Date	Sample Time	Sample Matrix*	# of Containers	Requested Tests										Comments		
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

*Matrix: A = Air, AQ = Aqueous, O = Other, P = Product, S = Soil, SD = Sediment, SL = Solid, W = Water, DW = Drinking Water, GW = Ground Water, SW = Storm Water, WW = Waste Water **Metals

Turn-around Time: Standard (5-7 Business): _____ 3 Day: _____ 2 Day: _____ Next Day: _____ Same Day: _____

Relinquished x	Date/Time		Received x	Date/Time
Relinquished x	Date/Time		Received x	Date/Time