

# CHAIN-OF-CUSTODY RECORD

PAGE \_\_\_\_ OF \_\_\_\_



Shipping: 311 Dooley Road, Lexington, SC 29073  
 Mail: PO Box 1663, Irmo, SC 29063  
 Phone: 803-749-0056 · Alt. 803-755-0090  
 info@seausinc.com

TRIPLICATE FORM — PLEASE PRINT FIRMLY

CLIENT						PROGRAM AREA									
SAMPLER(S) SIGNATURE						<input type="checkbox"/> Wastewater <input type="checkbox"/> Drinking Water <input type="checkbox"/> Groundwater <input type="checkbox"/> Other									
REMARKS:						<b>PRESERVATION CODE</b> 1 - Cool 4 °C    2 - H <sub>2</sub> SO <sub>4</sub> 3 - HNO <sub>3</sub> 4 - HCl 5 - NaOH    6 - Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> 7 - _____									
SAMPLE TYPE						COMPOSITE TEMP(°C) @ COLLECTION	# OF BOTTLES	CONTAINER G(GLASS) P(PLASTIC)	PRESERVATION CODE	SAMPLE ANALYSIS REQUIRED				LAB USE LAB I.D.	
COMPOSITE															
START		STOP													
SAMPLE ID (LOCATION)	COLLECTION	GRAB	DATE	TIME	DATE	TIME									
	DATE														
	TIME														
	DATE														
	TIME														
	DATE														
	TIME														
	DATE														
	TIME														
RELINQUISHED BY (SIGNATURE)			DATE	TIME	RECEIVED BY (SIGNATURE)				DATE	TIME					
RELINQUISHED BY (SIGNATURE)			DATE	TIME	RECEIVED BY (SIGNATURE)				DATE	TIME					
RELINQUISHED BY (SIGNATURE)			DATE	TIME	RECEIVED BY (SIGNATURE)				DATE	TIME					
LAB RECEIPT BY (SIGNATURE)			DATE	TIME	<b>LAB USE ONLY</b> FIELD PICK UP TEMP: _____ °C    Therm.# _____ Delivered to Lab by: SEAUS _____ Client _____ Courier _____ LAB RECEIPT TEMP: _____ °C    Therm. # _____ RECEIVED ON ICE (Y/N) _____										