Access Lab Report #: _____

Access Analytical, Inc. -- Irmo
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SCDHEC Lab Certification # 32571

Chain of Custody Record

Client:						Preservatives (see codes):															
Attn:						Bottle Types (see codes):															
Address:						t REQUESTED LAB ANALYSIS: t															
City:		State:		Zip Code:																	
Phone:		Fax:																			
Email:																					
Project Name:																					
Sampled By (Signature):																					

Lab ID:	Sample Name:	Date Collected:	Time Collected:	G=Grab C=Comp	Matrix (see codes)	Program Area (see codes)	Total # Containers	# Containers per Test > >								Notes / Comments
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Preservation Codes / Bottle Types:

***Preservative Codes:**
0 = None, **1** = HCL, **2** = HNO3, **3** = H_2SO_4, **4** = NaOH, **5** = $Na_2S_2O_3$, **6** = Method 5035 set w/ $NaHSO_4$ & CH_3OH, **7** = NaOH/ZnOAC, **8** = H_3PO_4, **9** = cooled to ≤6°C, **10** = cooled to ≤10°C, **11** = $Amm.Cl^-$, **12** = Ascorbic Acid / HCL, **13** = EDA

***Matrix Codes**:
GW = ground water, **WW** = waste water, **DW** = drinking water, **SW** = surface/storm water, **S** = soil, **SL** = sludge, **A** = air, **IW** = industrial waste, **O** = other (specify in comments section)

***Program Area Codes**:
CWA = Clean Water Act (for wastewaters), **SDWA** = Safe Drinking Water Act (for drinking water), **SHW** = Solid and Hazardous Wastes (for soils, ground waters and waste samples)

***Container Type**: G = Glass, P = Plastic

Auto Sampler Data (composite samples only):

Date/Time Set On: _____ by whom:_____

Date/Time Off: _____ by whom:_____

Meter Reading After: _____

Meter Reading Before: _____

Difference: _____

X _____(factor):_____

Turnaround Time Requested:		Project Location:		Relinquished By:	Received By:	Date:	Time (24hr):	Samples Received on Ice:
Standard		SC						___Y ___N ___N/A
Rush *		NC						___Y ___N ___N/A
*Date Required		Other (Specify):						___Y ___N ___N/A
								___Y ___N ___N/A

Rush data emailed/faxed by end of business day on date required. Standard TAT is 7-10 business days.

Chain of Custody Page _____ of _____

Received in lab by: _____

Sample Temp. **Ref: - 1251 L**

Receipt in Lab:_____ (°C) **Ref: - 3173 F**

White Copy: Lab original / Canary Copy: File Copy / Pink Copy: Client Copy

NOTE: Relinquishing samples via this Chain of Custody document constitutes client acceptance of Access Analytical terms and conditions.