



Chain of Custody and Analytical Request Record

PLEASE PRINT- Provide as much information as possible.

Company Name:	Project Name, PWS, Permit, Etc.	Sample Origin State:	EPA/State Compliance: Yes <input type="checkbox"/> No <input type="checkbox"/>
Report Mail Address:	Contact Name: Phone/Fax:	Email:	Sampler: (Please Print)
Invoice Address:	Invoice Contact & Phone:	Purchase Order:	Quote/Bottle Order:

Special Report/Formats – ELI must be notified prior to sample submittal for the following: <input type="checkbox"/> DW <input type="checkbox"/> A2LA <input type="checkbox"/> GSA <input type="checkbox"/> EDD/EDT (Electronic Data) <input type="checkbox"/> POTW/WWTP Format: _____ <input type="checkbox"/> State: _____ <input type="checkbox"/> LEVEL IV <input type="checkbox"/> Other: _____ <input type="checkbox"/> NELAC			Number of Containers Sample Type: A W S V B O Air Water Soils/Solids Vegetation Bioassay Other	ANALYSIS REQUESTED										SEE ATTACHED	Normal Turnaround (TAT)	R U S H	Contact ELI prior to RUSH sample submittal for charges and scheduling – See Instruction Page	Shipped by:																																																																																																																																																																																																																										
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Custody Record MUST be Signed	Relinquished by (print):	Date/Time:	Signature:	Received by (print):	Date/Time:	Signature:
	Relinquished by (print):	Date/Time:	Signature:	Received by (print):	Date/Time:	Signature:
	Sample Disposal: Return to Client: _____	Lab Disposal: _____	Received by Laboratory:	Date/Time:	Signature:	

In certain circumstances, samples submitted to Energy Laboratories, Inc. may be subcontracted to other certified laboratories in order to complete the analysis requested. This serves as notice of this possibility. All sub-contract data will be clearly notated on your analytical report. Visit our web site at www.energylab.com for additional information, downloadable fee schedule, forms, and links.

PLEASE read and remove before completing the attached Chain of Custody (COC) form.

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Billings, MT

Corporate Headquarters
1120 South 27th Street (59101)
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Voice: 605.342.1225
Fax: 605.342.1397

Elko, NV

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Voice: 775.777.0956
Fax: 775.777.0956
Cell: 775.750.0956



BEFORE COMPLETING THE ATTACHED CHAIN OF CUSTODY (COC) FORM:

If you wish to request RUSH Turn Around Time (TAT), contact the lab PRIOR to sample submittal to confirm that RUSH analysis is available for your request. Verify date required. Additional charges will apply for RUSH Turn Around Time (TAT).



Please contact ELI PRIOR to sample submittal if services are other than standard.



It is important to complete the attached Chain Of Custody(COC) form with as much detailed information as possible. This information is required so that the appropriate analytical services, reporting and invoicing can be provided for your project.

Quote Number or Bottle Order Number:

ELI provides quotes for project specific sampling requirements. It is very important to provide the ELI quote number or bottle order number to assure that you receive the quoted pricing for your project.

Select the types of services you need:

If services other than standard are required for your analytical project, contact ELI PRIOR to sample submittal.

Sample Disposal:

ELI, when applicable, will dispose of all non-hazardous samples. Routinely, hazardous samples will be returned to the client. If requested, ELI will dispose of hazardous samples at client's expense.

ENERGY LABORATORIES Chain of Custody and Analytical Request Record										Page 1 of 1			
PLEASE PRINT- Provide as much information as possible.													
Company Name: ABC Corporation			Project Name, PWS#, Permit #, Etc. Rockport Reclamation Project				Sample Origin State: Montana		EPA/State Compliance: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Report Mail Address: 1234 Main St Anywhere, MT 59101			Contact Name: John Smith		Phone/Fax: 605-444-1234		Email: anyone@email.com		Sampler: (Please Print) SAME				
Invoice Address: P. O. Box 222 City, ST 11111			Invoice Contact & Phone #: Jane Doe 406-555-1212			Purchase Order #: A98765		Quote/Bottle Order #: HO1-172					
Special Report/Formats - ELI must be notified prior to sample submittal for the following:				ANALYSIS REQUESTED				RUSH Normal Turnaround (TAT) SEE ATTACHED		Contact ELI prior to RUSH sample submittal for charges and scheduling - See Instruction Page		Shipped by: Cooler ID(s):	
<input type="checkbox"/> DW <input type="checkbox"/> A2LA <input type="checkbox"/> EDD/EDT(Electronic Data) <input type="checkbox"/> POTW/WWTP <input type="checkbox"/> State: <input type="checkbox"/> LEVEL IV <input type="checkbox"/> Other: <input type="checkbox"/> NELAC				Number of Containers: Radium 226 Sample Type: A W S V B O Air Water Soils Solids Vegetation Bioassay Other Ammonia Nitrate						Comments: Spoke to Joe RE: Rush TAT		Receipt Temp: °C On Ice: Yes <input type="checkbox"/> No <input type="checkbox"/>	
SAMPLE IDENTIFICATION (Name, Location, Interval, etc.)		Collection Date	Collection Time	MATRIX	Radium	Ammonia	Nitrate						
1 MW-1		08/01/01	13:10	3-W	X	X	X			X			
2 Soil From Pad		08/02/01	09:47	1-S	X	X	X			X			
4													
5													
6													
7													
8													
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10													
Custody Record MUST be Signed	Relinquished by (print): John Smith		Date/Time: 08/09/04 14:15		Signature: John Smith		Received by (print): Mary Cook		Date/Time: 08/09/04 14:15		Signature: Mary Cook		
	Relinquished by (print):		Date/Time:		Signature:		Received by (print):		Date/Time:		Signature:		
	Sample Disposal: Return to Client:		Lab Disposal:		Received by Laboratory:		Date/Time:		Signature:				
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Example

LABORATORY USE ONLY