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IEPA Accreditation #100292

CHAIN OF CUSTODY RECORD

Company Name:			
Street Address:			
City:		State:	Zip:
Phone:	Fax:	e-Mail:	
Send Report To:		Via Fax:	Via e-Mail:
Sampled By:			

Project I.D.: _____ P.O. #: _____													Enter analyses required on the lines to the left. Place an "X" in the box below to indicate which samples require what analysis.	
Date/Time Taken	Sample Description	Matrix											Comments	Lab I.D.

FOR LAB USE ONLY: Cooler Temperature: 0.1-6°C Yes ___ No ___ °C Sample Refrigerated: Yes ___ No ___ Containers Received Preserved: Yes ___ No ___
 Received within 6 hrs of collection: _____ Refrigerator Temperature: _____ °C 5035 Vials Frozen: Yes ___ No ___
 Ice Present: Yes ___ No ___ Freezer Temperature: _____ °C

Notes and Special Instructions:			
Relinquished By:	Date/Time:	Received By:	Date/Time:
Relinquished By:	Date/Time:	Received By:	Date/Time: