



Full Service Analytical & Environmental Solutions
 449 Springbrook Road • P.O. Box 240543 • Charlotte, NC 28224-0543
 Phone: 704/529-6364 • Fax: 704/525-0409

Client Company Name: _____
 Report To/Contact Name: _____
 Reporting Address: _____

Phone: _____ Fax (Yes) (No): _____
 Email (Yes) (No) Email Address: _____

EDD Type: PDF _____ Excel _____ Other _____

Site Location Name: _____
 Site Location Physical Address: _____

WASTEWATER CHAIN OF CUSTODY

PAGE ____ OF ____ QUOTE # TO ENSURE PROPER BILLING: _____

Project Name: _____
 Short Hold Analysis: (Yes) (No) UST Project: (Yes) (No)
 *Please ATTACH any project specific reporting (QC LEVEL I III III IV) provisions and/or QC Requirements
 Invoice To: _____
 Address: _____

Purchase Order No./Billing Reference _____
 Requested Due Date 1 Day 2 Days 3 Days 4 Days 5 Days
 "Working Days" 6-9 Days Standard 10 days Push Work Must Be Pre-Approved
 Samples received after 15:00 will be processed next business day.
 Turnaround time is based on business days, excluding weekends and holidays.
 (SEE REVERSE FOR TERMS & CONDITIONS REGARDING SERVICES RENDERED BY PRISM LABORATORIES, INC. TO CLIENT)

LAB USE ONLY

Samples INTACT upon arrival? YES NO N/A
 Received ON WET ICE? Temp _____
 PROPER PRESERVATIVES indicated? YES NO N/A
 Received WITHIN HOLDING TIMES? YES NO N/A
 CUSTODY SEALS INTACT? YES NO N/A
 VOLATILES rec'd W/OUT HEADSPACE? YES NO N/A
 PROPER CONTAINERS used? YES NO N/A

TO BE FILLED IN BY CLIENT/SAMPLING PERSONNEL

Certification: NELAC _____ USACE _____ FL _____ NC _____
 SC _____ OTHER _____ N/A _____
 Water Chlorinated: YES _____ NO _____
 Sample Iced Upon Collection: YES _____ NO _____

CLIENT SAMPLE I.D.	SAMPLE TYPE	CONTAINER TYPE AND SIZE (ML)	PRESERVATIVES USED	ANALYSES TO BE PERFORMED ON THE SAMPLES												PRISM LAB ID NO.							
				Comp	Grab	Plastic	Glass	Other	None	Iced	HCl	NaOH	HN03	H2SO4	pH		BOD	TSS	Cd	Cr	Cu	Pb	Ni
PRESS DOWN FIRMLY - 3 COPIES																							
Sampler's Signature _____			Sampled By (Print Name) _____			Affiliation _____																	
Upon relinquishing, this Chain of Custody is your authorization for Prism to proceed with the analyses as requested above. Any changes must be submitted in writing to the Prism Project Manager. There will be charges for any changes after analyses have been initialized.																							
Relinquished By: (Signature) _____			Received By: (Signature) _____			Date _____			Military/Hours _____			Additional Comments: _____											
Relinquished By: (Signature) _____			Received By: (Signature) _____			Date _____																	
Relinquished By: (Signature) _____			Received For Prism Laboratories By: _____			Date _____																	
Method of Shipment: NOTE: ALL SAMPLE COOLERS SHOULD BE TAPED SHUT WITH CUSTODY SEALS FOR TRANSPORTATION TO THE LABORATORY. SAMPLES ARE NOT ACCEPTED AND VERIFIED AGAINST COC UNTIL RECEIVED AT THE LABORATORY.																							
<input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> Hand-delivered <input type="checkbox"/> Prism Field Service <input type="checkbox"/> Other _____																							
Composite Type: FLOW TIME HAND (circle one)																							

Start Date & Time for Composite Sampler: _____ Hrs
 Stop Date & Time for Composite Sample: _____ Hrs
 Date & Time Composite Sample Collected: _____ Hrs
 Total Hours Composite Collected Over: _____ Hours
 Start Flow: _____ Gal / Cu Feet
 End Flow: _____ Gal / Cu Feet
 Total: _____

Date & Time Grab(s) Taken: _____ Hrs
 Field pH Meter Calibrated: Yes _____ No _____
 Field pH Result: _____
 Field Temp. Result: _____
 Sampler Interrupted: Yes _____ No _____ If Yes, Why? _____
 Analyst's Initials: _____
 PRISM USE ONLY
 Site Arrival Time: _____
 Site Departure Time: _____
 Field Tech Fee: _____
 Mileage: _____

SEE REVERSE FOR TERMS & CONDITIONS

ORIGINAL