PRISM LABORATORIES, INC.

Full Service Analytical & Environmental Solutions

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Phone: 704/529-6364 • Fax: 704/525-0409

Clear

# CHAIN OF CUSTODY RECORD

**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 II III IV) provisions and/or QC Requirements**

**Invoice To:** _____

**Address:** _____

**Client Company Name:** _____

**Report To/Contact Name:** _____

**Reporting Address:** _____

**Phone:** _____ **Fax (Yes) (No):** _____

**Email (Y s) (No) Email Address** _____

**EDD Type:** ___ **PDF** ___ **Excel** ___ **Other**

**Site Location Name:** _____

**Site Location Physical 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

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

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

## 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 DESCRIPTION | DATE COLLECTED | TIME COLLECTED MILITARY HOURS | MATRIX (SOIL, WATER OR SLUDGE) | SAMPLE CONTAINER *TYPE SEE BELOW | SAMPLE CONTAINER NO. | SAMPLE CONTAINER SIZE | PRESERVA-TIVES | ANALYSES REQUESTED | REMARKS | PRISM LAB ID NO. |
|---|---|---|---|---|---|---|---|---|---|---|
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Sampler's Signature _____ Sampled By (Print Name) _____ Affiliation _____

**PRESS DOWN FIRMLY - 3 COPIES**

**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 |
| 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.** | | Log-In Group No. | |

Fed Ex UPS Hand-delivered Prism Field Service Other _____

Additional Comments:

## PRISM USE ONLY

| |
|---|
| Site Arrival Time: |
| Site Departure Time: |
| Field Tech Fee: |
| Mileage: |

| NPDES: | UST: | GROUNDWATER: | DRINKING WATER: | SOLID WASTE: | RCRA: | CERCLA | LANDFILL | OTHER: |
|---|---|---|---|---|---|---|---|---|
| _ NC _ SC | NC _ SC | _ NC _ SC | _ NC _ SC | _ NC _ SC | _ NC _ SC | _ NC _ SC | _ NC _ SC | _ NC _ SC |

**SEE REVERSE FOR TERMS & CONDITIONS**

ORIGINAL

***CONTAINER TYPE CODES:** A = Amber C = Clear G = Glass P = Plastic; TL = Teflon-Lined Cap VOA = Volatile Organics Analysis (Zero Head Space)