



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 II 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 Rush 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			
	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 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	Ag	Zn	O&G	CN-	NH3 as N					

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
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.			COC Group No.
<input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> Hand-delivered <input type="checkbox"/> Prism Field Service <input type="checkbox"/> Other _____			

PRISM USE ONLY	
Site Arrival Time:	_____
Site Departure Time:	_____
Field Tech Fee:	_____
Mileage:	_____

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. End Flow: _____ Gal / Cu Feet

Start Flow: _____ (circle one)

Total: _____

Date & Time Grab(s) Taken: ____ / ____ / ____ _____ Hrs

Field pH Meter Calibrated: Yes _____ No _____

Field pH Result: _____ Analyst's Initials: _____

Field Temp. Result: _____ Analyst's Initials: _____

Sampler Interrupted: Yes _____ No _____ If Yes, Why? _____

SEE REVERSE FOR TERMS & CONDITIONS

ORIGINAL