CHAIN OF CUSTODY RECORD
(TO BE COMPLETED AND SUBMITTED WITH SAMPLES)

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Date:_____

Witness:_____

Contact Person:_____

Email Address:_____

Phone Number:_____

Facility:_____

Collector:_____

Location:_____

Bottle ID	Date/Time of Sample	Volume Collected	Sample Collector	Type Sample Container	Sample Description (Site information/ sample type)	Preservation	Analysis Required												
							TP	NO_3/NO2-N	NO_3-N	NO_2-N	Cl	TKN	SRP	Chlor a	TSS	TDS	BOD		

Shipper: Date/Time: Receiver: Date/Time Temperature

1._____ _____ _____ _____ _____

2._____ _____ _____ _____ _____