A. E. KIRBY MEMORIAL HEALTH CENTER

CHAIN OF CUSTODY

SAMPLE SUBMISSION RECORD

02/11

REPORT TO:	PROJECT NAME:
ATTN:	PHONE:

DW - DRINKING WATER
GW - GROUND WATER
SW - SURFACE WATER
WW - WASTE WATER
SL - SLUDGE
SO - SOIL
HZ - HAZARDOUS
OL - OIL

INVOICE TO:
PURCHASE ORDER NO.

KHC SAMPLE #	SAMPLE DESCRIPTION / LOCATION	DATE OF SAMPLING	TIME OF SAMPLING	SAMPLER (INITALS)	TOTAL NO. CONTAINERS	SAMPLE TYPE	ANALYSES TO BE PERFORMED										COMMENTS:

REMARKS:	PAID Y N	TEMPERATURE:

RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME
RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME
RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME