

CHAIN OF CUSTODY/ FIELD DATA FORM

SURVEY NAME & LOCALITY _____

PROJECT LEADER _____

LAB ID/ FIELD ID	# OF CONTAINERS	MATRIX	CHECK IF SPLIT SAMPLE	DESCRIPTION & INSTRUCTIONS INCLUDING LOCATION, ESTIMATED CONCENTRATIONS, SPECIAL REPORTING LIMITS,	Res CL	Preservative	Collection Time (24hr clock)		Collection Date mm/dd/yy
					Checked	(circle)	Begin	End	
			<input type="checkbox"/>		<input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9 10				
			<input type="checkbox"/>		<input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9 10				
			<input type="checkbox"/>		<input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9 10				
			<input type="checkbox"/>		<input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9 10				
			<input type="checkbox"/>		<input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9 10				
			<input type="checkbox"/>		<input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9 10				
			<input type="checkbox"/>		<input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9 10				
			<input type="checkbox"/>		<input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9 10				
			<input type="checkbox"/>		<input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9 10				
			<input type="checkbox"/>		<input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9 10				
			<input type="checkbox"/>		<input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9 10				

COMMENTS & SPECIAL REQUIREMENTS:		Preservative Added & Checked	
		0=ice 1=H2SO4 pH<2 2=HNO3 pH<2 3=HCl pH<2 4=Na2S2O3 5=NaOH pH>9 6=Ascorbic Acid 7=FAS 8=ZnAc 9=NaOH pH>12 10=NH4Cl	
		Time	Date
		Person Assuming Responsibility for Sample(s):	
Relinquished By:		Received By:	
Relinquished By:		Received By:	
Relinquished By:		Received By:	

Matrix:

A=aqueous	F=multiphasic
B=aqueous (chlorinated)	G=solvent
C=soil	H=biota
D=sediment	I=oil
E=sludge	J=other

Survey Complete? Y N