

Chain of Custody

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Job No.	CU#		Client Project I.D.

Schedule		Date Sampled
Analyte		Date Due

Full Name _____ **Phone** _____ **X**

Fax _____

Company and/or Mailing Address _____ **Cell** _____

Sample Source _____

ANALYSIS				CalTrans													
pH	Sulfate	Chloride	Resistivity-Minimum														
X	X	X	X														

Lab No.	Sample I.D.	Date	Time	Matrix	Contain.	Size	Preserv.	Qty.

MATRIX	DW - Drinking Water	ABBREVIATIONS	HB - Hosebib	SAMPLE RECEIPT	Total No. of Containers	
	GW - Ground Water		PV - Petcock Valve		Rec'd Good Cond/Cold	
	SW - Surface Water		PT - Pressure Tank		Conforms to Record	
	WW - Waste Water		PH - Pump House		Temp. at Lab - °C	
	Water		RR - Restroom		Sampler	
SL - Sludge	GL - Glass					
S - Soil	PL - Plastic					
Product	ST - Sterile					

Comments:
THERE IS AN ADDITIONAL CHARGE FOR EXTRUDING SOIL FROM TUBES

Email Address: _____

Relinquished By:	Date	Time
Received By:	Date	Time
Relinquished By:	Date	Time
Received By:	Date	Time
Relinquished By:	Date	Time
Received By:	Date	Time