



WHOLE EFFLUENT TOXICITY CHAIN OF CUSTODY RECORD

SHADED AREA FOR LAB USE ONLY

Client/Company Ordering Test:			Location/Address:		Other Sample Related Remarks:					
Sampler (Signature):			KPDES#	PO#						
FES Lab #	Collection			Sampling Point/Description	Grab/ Comp	Temp.	Flow (MGD)	Cont.	Vol.	Rainfall (inches)
	Date	Time (24 hr.)	Composite Run Date/Time (ex. 1/1-2/20 08:00-08:00)							

Relinquished By:	Received By:	Date	Time (24 hr)	Shipping Conditions: <input type="checkbox"/> Iced <input type="checkbox"/> Ambient Container Temperature: _____ °C IR used: _____ CF: _____ Holding times acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No Data entered by: _____ Method of Delivery: <input type="checkbox"/> FES <input type="checkbox"/> Client <input type="checkbox"/> UPS/Fed Ex <input type="checkbox"/> Other
Relinquished By:	Received By:	Date	Time (24 hr)	
Relinquished By:	Received By:	Date	Time (24 hr)	
Relinquished By:	Received By:	Date	Time (24 hr)	