



CHAIN-OF-CUSTODY PROCEDURES

SHEALY CONSULTING, LLC / Laura Shealy Davis and Elizabeth Thompson

GUIDANCE DOCUMENTS

- Field Measurement Certification Document
SCDHEC Office of Environmental Laboratory
Certification, February 2018.
- APTI Slide/Tape Course 443, Chain of Custody
Guidebook, EPA 450/2-82-018, February 1983.
- ASTM, Standard Guide for Sampling Chain of
Custody Procedures, ASTM D4840 - 99(2010), (\$45)

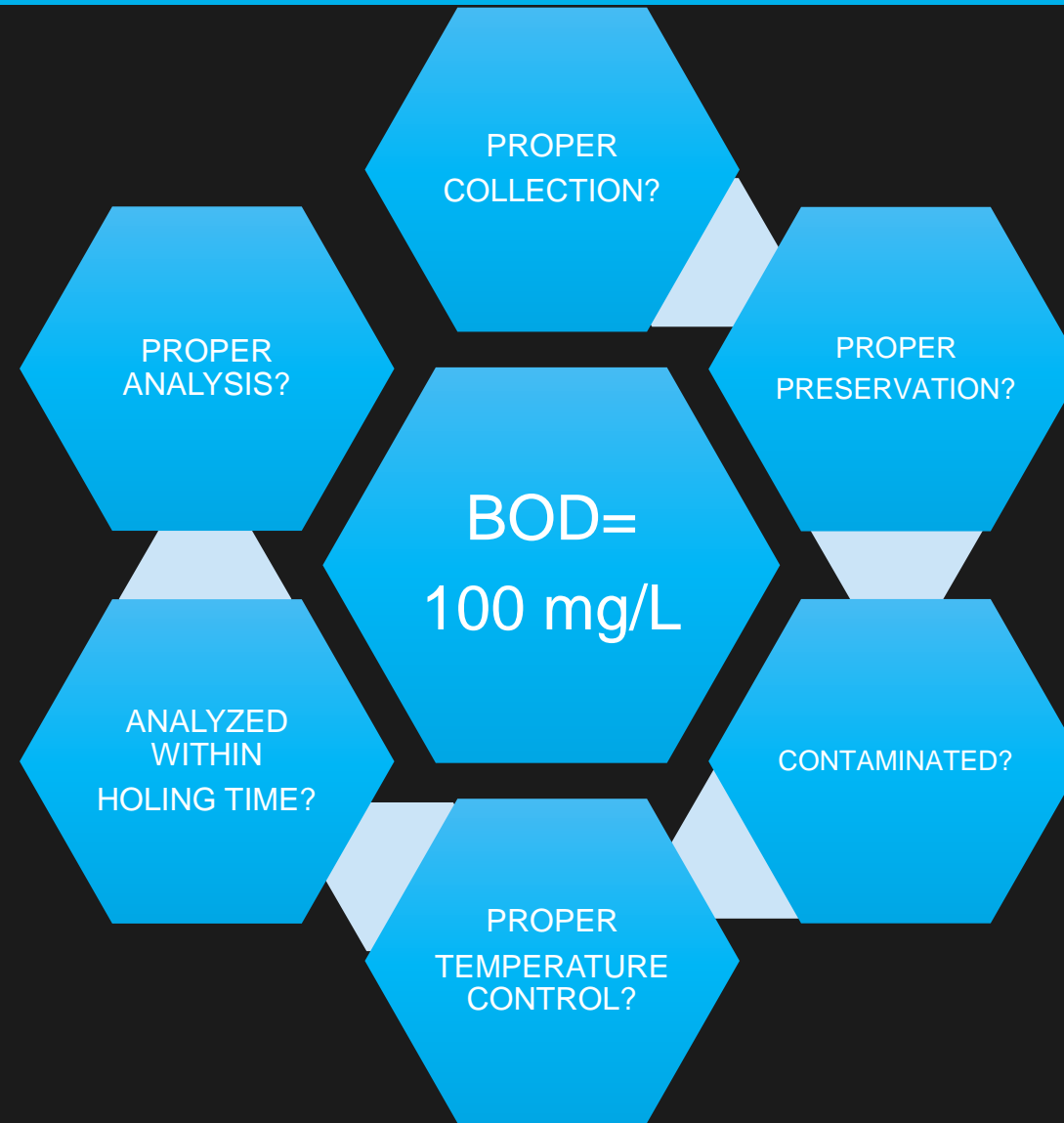
PART 1

WHY?

WHY MAINTAIN PROPER CHAIN-OF-CUSTODY?

- Proof that the samples were properly collected and preserved.
- Proof that the samples were constantly in the possession of certified personnel or shipping services.
- Proof that the samples were maintained with proper temperature control during transfer.
- Proof that the collection, preservation, and transfer of the sample did not impact test results.

BOD ANALYSIS WAS OVER THE LIMIT!?



THE BIG PICTURE



THE CASE OF HOMER SIMPSON UTILITIES VS THE STATE OF SC IS DISMISSED!



PART 2

ELEMENTS OF A CHAIN-OF-CUSTODY FORM

SAMPLE COLLECTION INFORMATION

- FACILITY NAME AND ADDRESS
- PROJECT NAME
- SAMPLE COLLECTOR'S SIGNATURE
- HARVEST TEMPERATURE



SHEALY CONSULTING, LLC
CHAIN OF CUSTODY RECORD
 343 W. Columbia Avenue • Batesburg-Leesville, SC 29006
 Telephone No. (803) 808-3113
 www.shealyconsulting.net

No 3118

Page ____ of ____

Client		
Address		
City	State	Zip Code
Project Name		
Sampler Name		

Requested Analysis						

Preservative
 1. Unpres. 5. HCL
 2. NaOH/ZnA 6. Na. Thio
 3. H2SO4 7. NaOH
 4. HNO3

Bottle Size:

of Bottle:

Preservative Codes:

Shealy Lab ID

Sample ID / Description <small>(Containers for each sample may be combined on one line.)</small>	Composite or Grab	Mark	Sampler Start Date	Time	Sampler End Date	Time												

1. Relinquished by	Date	Time	1. Received by	Date	Time
2. Relinquished by	Date	Time	2. Received by	Date	Time
3. Relinquished by	Date	Time	3. Received by	Date	Time
4. Relinquished by	Date	Time	4. Received by	Date	Time

Continuation of Custody on attached sheet Received on ice (Circle) Yes No Ice Pack SESI Receipt Temp ____ °C SC Receipt Temp ____ °C

DISTRIBUTION: WHITE - Return to laboratory with Sample(s); CANARY - Field/Client Copy

Document Number: SCF-TS-248 Effective Date: 2/1/2016

SAMPLE IDENTIFICATION

- SAMPLE COLLECTION DATE
- SAMPLE COLLECTION TIME
- SAMPLE LOCATION/DESCRIPTION
- SAMPLE TYPE – GRAB OR COMPOSITE
- MATRIX-LIQUID, SOIL, ETC



SHEALY CONSULTING, LLC
CHAIN OF CUSTODY RECORD
 343 W. Columbia Avenue • Batesburg-Leesville, SC 29006
 Telephone No. (803) 808-3113
 www.shealyconsulting.net

No 3118

Page ____ of ____

Client		
Address		
City	State	Zip Code
Project Name		
Sampler Name		

Requested Analysis					

Preservative
 1. Unpres. 5. HCL
 2. NaOH/ZnA 6. Na. Thio
 3. H2SO4 7. NaOH
 4. HNO3

Bottle Size:
 # of Bottle:

Preservative Codes:

Shealy Lab ID

Sample ID / Description <small>(Containers for each sample may be combined on one line.)</small>	Composite or Grab	Mark	Sampler Start Date	Sampler Start Time	Sampler End Date	Sampler End Time												

1. Relinquished by	Date	Time	1. Received by	Date	Time
2. Relinquished by	Date	Time	2. Received by	Date	Time
3. Relinquished by	Date	Time	3. Received by	Date	Time
4. Relinquished by	Date	Time	4. Received by	Date	Time

Continuation of Custody on attached sheet Received on ice (Circle) Yes No Ice Pack SESI Receipt Temp ____ °C SC Receipt Temp ____ °C

SAMPLE ANALYSIS REQUIRED



SHEALY CONSULTING, LLC
CHAIN OF CUSTODY RECORD
 343 W. Columbia Avenue • Batesburg-Leesville, SC 29006
 Telephone No. (803) 808-3113
 www.shealyconsulting.net

No 3118

Page ____ of ____

Client		
Address		
City	State	Zip Code
Project Name		
Sampler Name		

Requested Analysis						

Preservative
 1. Unpres. 5. HCL
 2. NaOH/ZnA 6. Na. Thio
 3. H2SO4 7. NaOH
 4. HNO3

Bottle Size:

of Bottle:

Preservative Codes:

Shealy Lab ID

Sample ID / Description <small>(Containers for each sample may be combined on one line.)</small>	Composite or Grab	Mark	Sampler Start Date	Sampler Start Time	Sampler End Date	Sampler End Time													

1. Relinquished by	Date	Time	1. Received by	Date	Time
2. Relinquished by	Date	Time	2. Received by	Date	Time
3. Relinquished by	Date	Time	3. Received by	Date	Time
4. Relinquished by	Date	Time	4. Received by	Date	Time

Continuation of Custody on attached sheet Received on ice (Circle) Yes No Ice Pack SESI Receipt Temp ____ °C SC Receipt Temp ____ °C

- BOTTLE SIZE/TYPE
- NUMBER OF CONTAINERS PER ANALYSIS
- PRESERVATIVES USED
- ANALYSIS REQUIRED

SAMPLE TRANSFER



SHEALY CONSULTING, LLC
CHAIN OF CUSTODY RECORD
 343 W. Columbia Avenue • Batesburg-Leesville, SC 29006
 Telephone No. (803) 808-3113
 www.shealyconsulting.net

No 3118

Page ____ of ____

Client		
Address		
City	State	Zip Code
Project Name		
Sampler Name		

Requested Analysis					

Preservative
 1. Unpres. 5. HCL
 2. NaOH/ZnA 6. Na. Thio
 3. H2SO4 7. NaOH
 4. HNO3

Bottle Size:
 # of Bottle:

Preservative Codes:

Shealy Lab ID

Sample ID / Description <small>(Containers for each sample may be combined on one line.)</small>	Composite or Grab	Mark	Sampler Start Date	Time	Sampler End Date	Time									

1. Relinquished by	Date	Time	1. Received by	Date	Time
2. Relinquished by	Date	Time	2. Received by	Date	Time
3. Relinquished by	Date	Time	3. Received by	Date	Time
4. Relinquished by	Date	Time	4. Received by	Date	Time

Continuation of Custody on attached sheet Received on ice (Circle) Yes No Ice Pack SESI Receipt Temp ____ °C SC Receipt Temp ____ °C

DISTRIBUTION: WHITE - Return to laboratory with Sample(s); CANARY - Field/Client Copy

Document Number: SCF-TS-248 Effective Date: 2/1/2016

- RELINQUISHED BY...
- RECEIVED BY...
- CARRIERS USED
- DATES/TIMES MUST MATCH!
- SECURE AREAS MUST BE DOCUMENTED

DEFINITION OF CUSTODY

A sample is in one's possession or custody if:

- It is within one's physical possession,
- It is within one's physical possession as it is secured in a locked or restricted area,
- It is within one's view,
- It is stored in a secured area.

SAMPLE RECEIPT

- FINAL LABORATORY RECEIPT
- TEMPERATURE UPON RECEIPT
- UNIQUE LABORATORY ID# MUST BE ASSIGNED
- NOTE IF RECEIVED ON ICE
- SECURE AREAS MUST BE DOCUMENTED



SHEALY CONSULTING, LLC
CHAIN OF CUSTODY RECORD
 343 W. Columbia Avenue • Batesburg-Leesville, SC 29006
 Telephone No. (803) 808-3113
 www.shealyconsulting.net

No 3118

Page ____ of ____

Client		
Address		
City	State	Zip Code
Project Name		
Sampler Name		

Requested Analysis					

Preservative
 1. Unpres. 5. HCL
 2. NaOH/ZnA 6. Na. Thio
 3. H2SO4 7. NaOH
 4. HNO3

Bottle Size:
 # of Bottle:

Preservative Codes:

Shealy Lab ID

Sample ID / Description <small>(Containers for each sample may be combined on one line.)</small>	Composite or Grab	Mark	Sampler Start Date	Sampler Start Time	Sampler End Date	Sampler End Time													

1. Relinquished by	Date	Time	1. Received by	Date	Time
2. Relinquished by	Date	Time	2. Received by	Date	Time
3. Relinquished by	Date	Time	3. Received by	Date	Time
4. Relinquished by	Date	Time	4. Received by	Date	Time

Continuation of Custody on attached sheet Received on ice (Circle) Yes No Ice Pack SESI Receipt Temp ____ °C SC Receipt Temp ____ °C

OTHER INFORMATION

- PAGE NUMBERS IN CASE MULTIPLE CHAINS ARE NEEDED.
- CONTACT INFORMATION FOR LABORATORY
- CONTINUATION OF CUSTODY RECORD
- ATTACHE SHIPPING DOCUMENTS TO CHAIN



SHEALY CONSULTING, LLC
CHAIN OF CUSTODY RECORD
343 W. Columbia Avenue • Batesburg-Leesville, SC 29006
Telephone No. (803) 808-3113
www.shealyconsulting.net

No. **3118**

Page ____ of ____

Client		
Address		
City	State	Zip Code
Project Name		
Sampler Name		

Requested Analysis						

Preservative
1. Unpres. 5. HCL
2. NaOH/ZnA 6. Na. Thio
3. H2SO4 7. NaOH
4. HNO3

Bottle Size:
of Bottle:

Preservative Codes:

Shealy Lab ID

Sample ID / Description <small>(Containers for each sample may be combined on one line.)</small>	Composite or Grab	Mark	Sampler Start Date	Time	Sampler End Date	Time	Requested Analysis							Shealy Lab ID	

1. Relinquished by	Date	Time	1. Received by	Date	Time
2. Relinquished by	Date	Time	2. Received by	Date	Time
3. Relinquished by	Date	Time	3. Received by	Date	Time
4. Relinquished by	Date	Time	4. Received by	Date	Time

Continuation of Custody on attached sheet Received on ice (Circle) Yes No Ice Pack SESI Receipt Temp ____ °C SC Receipt Temp ____ °C

PART 3





Client <i>Springfield WWTP</i>		
Address <i>111 Waste water Avenue</i>		
City <i>Springfield</i>	State <i>SC</i>	Zip Code <i>299999</i>
Project Name <i>Compliance Monitoring - WW</i>		
Sampler Name <i>Homer Simpson</i>		

# Proposed Analytes						
Chronic WET						

Bottle Size: *1 gal*
 # of Bottle: *1*
 Preservative Codes: *1*

- Preservative
 1. Urea 5. HCL
 2. NaOH/ZnA 6. Na. Thio
 3. H2SO4 7. NaOH
 4. HNO3

Sample ID / Description <small>(Containers for each sample may be combined on one line.)</small>	Composite or Grab	Matrix	Sampler Start		Sampler End		Chronic WET						Shealy Lab ID
			Date	Time	Date	Time							
<i>Final Effluent-002</i>	<i>G</i>	<i>ww</i>	<i>---</i>	<i>---</i>	<i>5/9/16</i>	<i>0800</i>	<i>X</i>						

1. Relinquished by <i>Bart Simpson</i>	Date <i>5/9/16</i>	Time <i>1300</i>	1. Received by <i>Colleen Davis</i>	Date <i>5/9/16</i>	Time <i>1300</i>
2. Relinquished by <i>Glenn Davis</i>	Date <i>5/9/16</i>	Time <i>1430</i>	2. Received by <i>Elabetta Simpson</i>	Date <i>5/9/16</i>	Time <i>1430</i>
3. Relinquished by <i>---</i>	Date	Time	3. Received by <i>---</i>	Date	Time
4. Relinquished by <i>---</i>	Date	Time	4. Received by <i>---</i>	Date	Time

Continuation of Custody on attached sheet

Received on ice (Circle Yes) No Ice Pack SESI Receipt Temp *---* °C SC Receipt Temp *3.1* °C

RIGHT WAY OR WRONG WAY?



Client Springfield WWTP
 Address 111 Waste water Avenue
 City Springfield State SC Zip Code 299999
 Project Name Compliance Monitoring - WW
 Sampler Name Homer Simpson

Chronic WET	# Proposed Analytes					
Bottle Size	1 gal					
# of Bottle:	1					
Preservative Codes:	1					

- Preservative
 1. Urea 5. HCL
 2. NaOH/ZnA 6. Na. Thio
 3. H2SO4 7. NaOH
 4. HNO3

Sample ID / Description <small>(Containers for each sample may be combined on one line.)</small>	Composite or Grab	Matrix	Sampler Start Date Time	Sampler End Date Time	Shealy Lab ID						
<u>Final Effluent-002</u>	<u>G</u>	<u>ww</u>	<u>-----</u>	<u>5/9/16 0800</u>	<u>X</u>						

1. Relinquished by <u>Bart Simpson</u>	Date <u>5/9/16</u>	Time <u>1300</u>	1. Received by <u>Colleen Davis</u>	Date <u>5/9/16</u>	Time <u>1300</u>
2. Relinquished by <u>Glenn Davis</u>	Date <u>5/9/16</u>	Time <u>1430</u>	2. Received by <u>Elabethea Simpson</u>	Date <u>5/9/16</u>	Time <u>1430</u>
3. Relinquished by <u>-----</u>	Date	Time	3. Received by <u>-----</u>	Date	Time
4. Relinquished by <u>-----</u>	Date	Time	4. Received by <u>-----</u>	Date	Time

Continuation of Custody on attached sheet Received on ice (Circle Yes) No Ice Pack SESI Receipt Temp --- °C SC Receipt Temp 3.1 °C

WRONG: WHERE WAS THE SAMPLE BETWEEN HOMER COLLECTING IT AND BART RELINQUISHING IT?

Client: <u>Springfield</u>		
Address:		
City:	State:	Zip Code:
Project Name:		
Sampler Name: <u>Homer Simpson</u>		

Requested Analytes					
TOX					

Preservative
 1. Unpres. 5. HCL
 2. NaOH/ZnA 6. Na. Thio
 3. H2SO4 7. NaOH
 4. HNO3

Shealy Lab ID

Bottle Size:
 # of Bottle:
 Preservative Codes:

Sample ID / Description <small>(Containers for each sample may be combined on one line.)</small>	Composite or Grab	Matrix	Sampler Start Date	Sampler Start Time	Sampler End Date	Sampler End Time
<u>EFF</u>					<u>5/4/16</u>	<u>1200</u>

1. Relinquished by <u>Homer Simpson</u>	Date <u>5/4/16</u>	Time <u>1300</u>	1. Received by <u>Caleen Davis</u>	Date <u>5/4/16</u>	Time <u>1300</u>
2. Relinquished by <u>Caleen Davis</u>	Date <u>5/4/16</u>	Time <u>1500</u>	2. Received by <u>Secure Area SC</u>	Date <u>5/4/16</u>	Time <u>1500</u>
3. Relinquished by <u>Secure Area SC</u>	Date <u>5/5/16</u>	Time <u>0745</u>	3. Received by <u>Elizabeth J. Thompson</u>	Date <u>5/5/16</u>	Time <u>0745</u>
4. Relinquished by	Date	Time	4. Received by	Date	Time

Continuation of Custody on attached sheet

Received on ice (Circle) Yes No Ice Pack SESI Receipt Temp ___ °C SC Receipt Temp 3.1 °C

RIGHT WAY OR WRONG WAY?



Client Springfield WWTP
 Address 111 Wastewater Avenue
 City Springfield State SC Zip Code 29999
 Project Name Compliance Monitoring - May WET
 Sampler Name Homer Simpson (803)999-9999

Regulated Analytes	
WET Method 100A	
A, H, C	
Bottle Size: 90L	25P
# of Bottle: 1	1
Preservative Codes: 1	1

Preservative
 1. Ucgres 5. HCl
 2. NaOH/ZnA 6. Na Thm
 3. H2SO4 7. NaOH
 4. HNO3

Sample ID / Description <small>(Containers for each sample may be combined on one line.)</small>	Composite or Grab	Matrix	Sampler Start Date Time	Sampler End Date Time	Regulated Analytes		Shealy Lab ID
Outfall 001 Effluent	C	ww	5/4/16 0800	5/5/16 0800	x	x	

1. Relinquished by <u>Homer Simpson</u>	Date <u>5/5/16</u>	Time <u>0830</u>	1. Received by <u>Coleman Davis</u>	Date <u>5/5/16</u>	Time <u>1230</u>
2. Relinquished by <u>Coleman Davis</u>	Date <u>5/5/16</u>	Time <u>1700</u>	2. Received by <u>Caroletha Sharp</u>	Date <u>5/5/16</u>	Time <u>1700</u>
3. Relinquished by	Date	Time	3. Received by	Date	Time
4. Relinquished by	Date	Time	4. Received by	Date	Time

Continuation of Custody on attached sheet Received on ice (Circle) Yes No Ice Pack SESI Receipt Temp ___°C SC Receipt Temp 4.0c

RIGHT WAY OR WRONG WAY?

Client Springfield WWTP
 Address 111 Wastewater Avenue
 City Springfield State SC Zip Code 29999
 Project Name Compliance Monitoring - May WET
 Sampler Name Homer Simpson (803)999-9999

Regulated Analytes	
WET Method 100A	
A, H, C	
Bottle Size: 90L	250
# of Bottle: 1	1
Preservative Codes: 1	1

Preservative
 1. Ucgres 5. HCl
 2. NaOH/ZnA 6. Na Thm
 3. H2SO4 7. NaOH
 4. HNO3

Sample ID / Description <small>(Containers for each sample may be combined on one line.)</small>	Composite or Grab	Matrix	Sampler Start Date Time	Sampler End Date Time	Shealy Lab ID	
Outfall 001 Effluent	C	ww	5/4/16 0800	5/5/16 0800	x	x

1. Relinquished by <u>Homer Simpson</u>	Date <u>5/5/16</u>	Time <u>0830</u>	1. Received by <u>Coleman Davis</u>	Date <u>5/5/16</u>	Time <u>1230</u>
2. Relinquished by <u>Coleman Davis</u>	Date <u>5/5/16</u>	Time <u>1700</u>	2. Received by <u>Cerebathia Sharp</u>	Date <u>5/5/16</u>	Time <u>1700</u>
3. Relinquished by	Date	Time	3. Received by	Date	Time
4. Relinquished by	Date	Time	4. Received by	Date	Time

Continuation of Custody on attached sheet Received on ice (Circle) Yes No Ice Pack SESI Receipt Temp ___°C SC Receipt Temp 4.0c

WRONG: CHAINS MUST DOCUMENT SECURE AREAS!



**CWA / NPDES
Chain of Custody Record**

Shealy Environmental Services, Inc.
106 Vantage Point Drive
West Columbia, South Carolina 29172
Telephone No. (803) 791-9700 Fax No. (803) 791-9111
www.shealylab.com

Number

Client: <u>Springfield WWTP</u>			Report to Contact: <u>Homer Simpson</u>			Sampler (Printed Name): <u>Homer Simpson</u>			Quote No.: <u># H #</u>		
Address: <u>111 Wastewater Way</u>			Telephone No. / Fax No. / Email: <u>803-999-9999</u>			Field parameters (i.e., pH, temp, DO) can be recorded in check boxes			Page: <u>1</u> of <u>1</u>		
City: <u>Springfield</u>	State: <u>SC</u>	Zip Code: <u>29999</u>	Preservative: 1. Unpres. 4. HNO3 7. NaOH 2. NaOH/ZnA 5. HCL 3. H2SO4 6. Na Thio.			1	1	1	1	1	
Project Name: <u>Monthly</u>		Project Number: <u>050416</u>		P.O Number: <u>333X</u>		Matrix: <u>WW</u>		Analysis		Number of Containers: <u>1</u>	
Sample ID / Description (Containers for each sample may be combined on one line)		Date Yr.: <u>2016</u>	Time 24-HOUR	G-Grab	C-Composite	Collection Sample Temp °C	GW	DW	BOD/TSS	COD	FIELD PWT
Effluent - 001		Start <u>5-4</u>	<u>0830</u>			<u>6.0</u>			X	X	
Effluent - 001		Finish <u>5-5</u>	<u>0830</u>	C							Remarks / Cooler ID: <u>FLOW 50 MGD</u>
		Start									
		Finish <u>5-4</u>	<u>0840</u>	G		<u>21.4</u>				X	X
		Start									PH <u>8.01</u> T- <u>21.4</u>
		Finish									METER # <u>2m4</u>
		Start									
		Finish									
		Start									
		Finish									
Turn Around Time Required (P for lab approval required for expedited TAT) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Rush (Please Specify)			Sample Disposal <input type="checkbox"/> Return to Client <input checked="" type="checkbox"/> Disposal by Lab			QC Requirements (Specify)			Possible Hazard Identification <input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison <input type="checkbox"/> Unknown		
1. Relinquished by / Sampler <u>Homer Simpson</u>		Date: <u>5/5/16</u>	Time: <u>1000</u>	1. Received by		Date	Time	2. Received by		Date	Time
2. Relinquished by		Date	Time	3. Received by		Date	Time	4. Relinquished by		Date	Time
3. Relinquished by		Date	Time	4. Laboratory Received by <u>Elizabeth, Sharp</u>		Date: <u>5/6/16</u>	Time: <u>1045</u>	LAB USE ONLY Received on Ice (Check) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Ice Pack		Recept Temp: <u>4.1 °C</u>	Temp. Blank: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Note: All samples are retained for six weeks from receipt unless other arrangements are made											

RIGHT WAY OR WRONG WAY?



CWA / NPDES
Chain of Custody Record

Shealy Environmental Services, Inc.
106 Vantage Point Drive
West Columbia, South Carolina 29172
Telephone No. (803) 791-9700 Fax No. (803) 791-9111
www.shealylab.com

Number

Client: Springfield WWTP		Report to Contact: Homer Simpson		Sampler (Printed Name): Homer Simpson		Quote No. # H #	
Address: 111 Wastewater Way		Telephone No. / Fax No. / Email: 803-999-9999		Field parameters (i.e., pH, temp, DO) can be recorded in check boxes		Page 1 of 1	
City: Springfield	State: SC	Zip Code: 29999	Preservative: 1. Unpres. 4. HNO3 7. NaOH 2. NaOH/ZnA 5. HCL 3. H2SO4 6. Na Thio.		1	1	
Project Name: Monthly		Project Number: 050416		P.O Number: 333X		Number of Containers	
Sample ID / Description (Containers for each sample may be combined on one line)		Date Yr: 2016	Time 24-HOUR	Gr/Grab	Composite	Collection Sample Temp °C	Matrix
							GW DW WW S
Effluent - 001		Start 5-4	0830			6.0	WW
		Finish 5-5	0830	C			
Effluent - 001		Start				21.4	WW
		Finish 5-4	0840	G			
		Start					
		Finish					
		Start					
		Finish					
		Start					
		Finish					
Turn Around Time Required (P for lab approval required for expedited TAT)		Sample Disposal		QC Requirements (Specify)		Possible Hazard Identification	
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Rush (Please Specify)		<input type="checkbox"/> Return to Client <input checked="" type="checkbox"/> Disposal by Lab				<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison <input type="checkbox"/> Unknown	
1. Relinquished by / Sampler: Homer Simpson		Date: 5/5/16	Time: 1000	1. Received by		Date	Time
2. Relinquished by		Date	Time	2. Received by		Date	Time
3. Relinquished by		Date	Time	3. Received by		Date	Time
4. Relinquished by		Date	Time	4. Laboratory Received by: Elizabeth, J...		Date: 5/6/16	Time: 1045
Note: All samples are retained for six weeks from receipt unless other arrangements are made				LAB USE ONLY Received on Ice (Check) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Ice Pack		Receipt Temp. 4.1 °C	Temp. Blank <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

WRONG: FEDEX WAS NOT DOCUMENTED BY SAMPLER OR RECEIPT LAB.



Client <u>Springfield WWTP</u>		
Address <u>111 Wastewater Avenue</u>		
City <u>Springfield</u>	State <u>SC</u>	Zip Code <u>29999</u>
Project Name <u>Compliance Monitoring - WW</u>		
Sampler Name <u>Homer Simpson</u>		

Bottle Size:		# of Bottles:		Preservative Codes:		Shealy Lab ID	
gal	ml						
Chronic WET	250	1	1				
A.H.C							

- Preservative
1. Unpres
 2. NaOH/ZnA
 3. H2SO4
 4. HNO3
 5. HCL
 6. NaOH

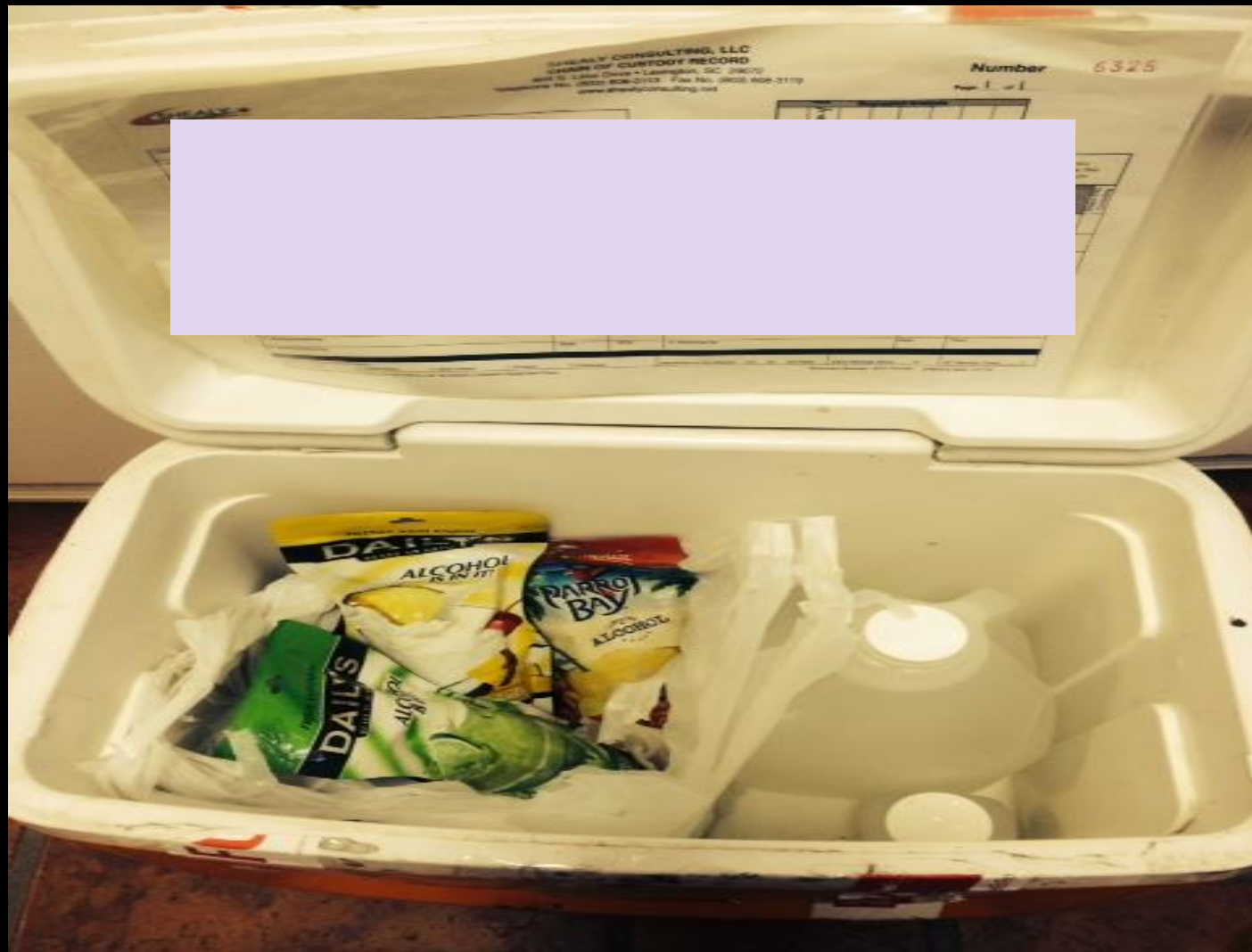
Sample ID / Description <small>(Containers for each sample may be combined on one line.)</small>	Compos or Grab	Matrix	Sampler Start Date Time	Sampler End Date Time
<u>Final Effluent</u>	<u>C</u>	<u>WW</u>	<u>5/4/16 0800</u>	<u>5/5/16 0800</u>

1. Relinquished by <u>Homer Simpson</u>	Date <u>5/5/16</u>	Time <u>1200</u>	1. Received by <u>Clara Davis</u>	Date <u>5/5/16</u>	Time <u>1200</u>
2. Relinquished by <u>Clara Davis</u>	Date <u>5/5/16</u>	Time <u>1300</u>	2. Received by <u>Secure Area - SC</u>	Date <u>5/5/16</u>	Time <u>1300</u>
3. Relinquished by <u>Secure Area SC</u>	Date <u>5/6/16</u>	Time <u>0830</u>	3. Received by <u>Elizabeth Thompson</u>	Date <u>5/6/16</u>	Time <u>0830</u>
4. Relinquished by _____	Date _____	Time _____	4. Received by _____	Date _____	Time _____

Continuation of Custody on attached sheet

Received on ice (Circle) Yes No Ice Pack SESI Receipt Temp _____ °C SC Receipt Temp 4.9 °C

RIGHT WAY OR WRONG WAY?



WRONG WAY: CHAIN-OF-CUSTODY FORMS *MUST* REFLECT WHAT'S ACTUALLY IN THE COOLER!



THANK YOU!

ELIZABETH THOMPSON
SHEALY CONSULTING, LLC

(803) 582-7996 X 3

bthompson@shealyconsulting.net