

CHAIN OF CUSTODY RECORD

6841 N. Rochester Road, Suite 100 Rochester Hills, MI 48306

Phone: (248) 650-9017

Client Name: Contact Person: Mailing Address City, State, ZIP:						INTERNAL USE ONLY BRS Sample No: Logged By:															
														Sample Co	ndition Upo	n Receipt	•	Acceptable	;	Other (Spec	cify Below)
														Email:							
						Job Name/No.:						Remarks:									
Job Location:]															
Sampled by: PO No.:																					
	Matrix Key						ANALYSIS REQUESTED														
DW=Drinking Water WW=Wastewater	D=Diesel P=Pharmaceutical F=Food DS=Dietary Supplement																				
W=Water		_=Sludge																			
G=Gasoline		ES	S=Environmental Swab					/ /													
Item No.	Date Taken	Time	Client Sample Desc	ription	Matrix																
													ļ								
													ļ								
													ļ								
	+											+									
	1																				
	1																				
												 									
												+									
Released By:				Received By:				Date:					Time:								