AccuLabs, Inc.
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118 La Porte Street Unit C&D Arcadia, CA 91006

CHAIN OF CUSTODY RECORD

Page _____ of _____

Client Name / Address:	Project Name / Number / Location:
Project Manager:	Phone: Cell:
Sampler:	Fax: E-mail:

ANALISIS REQUIRED

Client Sample ID / Description	Laboratory ID	**Sample Matrix	Container Type	# of Containers	Sampling Date	Sampling Time	Special Instructions / Preservatives If Any

Relinquished by: Company: _____
Print: _____ Date: _____
Sign: _____ Time: _____

Received by: Company: _____
Print: _____ Date: _____
Sign: _____ Time: _____

Relinquished by: Company: _____
Print: _____ Date: _____
Sign: _____ Time: _____

Received by: Company: _____
Print: _____ Date: _____
Sign: _____ Time: _____

Client's P.O. Number:

**** ABBREVIATIONS**

A- Air	NA - Nonaqueous
AQ - Aqueous	S - Sloil
C - Composite	SL - Sludge
DW - Drinking Water	WW - Waste Water
G - Grab	W - Water
	GW - Ground Water

Turnaround Time: (Check)
Same day _____ 72 hours _____
24 hours _____ 5 days _____
48 hours _____ Normal _____

Sample Integrity: (Check)
Intact _____ Temperature _____

Note: Payment for service is due within 30 days from the date of invoice.
Samples will be disposed of after 30 days from the date of issuing the final report.

White - Accompany Lab Report to Client Canary - Client's Copy Pink - Lab's Chrono File