Shuttle/Cooler ID#: _____

CHAIN OF CUSTODY

Geochemical Testing

Form F-5002, 06.08

Geochemical Testing • 2005 North Center Avenue • Somerset PA 15501 • (814) 443-1671 • Fax (814) 445-6729

Billing Client:	**Contact (Company):**	**Phone: ( )**
Address:	e-mail:	Fax: ( )
City: **State:** **Zip:**	**Sampled by:**	**Preservatives by __Sampler__GT**
WO#:	Project:	PO/Quote#:

Sample Matrix:	**GW** Ground Water	**SW** Surface Water	**PW** Potable Water	**WW** Wastewater	**SO** Soil	**SL** Sludge	**nHZ** Not Hazardous / **HZ** Hazardous	**PCB**s
Sample Type:	**G** Grab	**C** Composite	**D** Distribution/DW	**R** Raw/DW	**S** Special/DW	**O** Other	Containers Supplied by: ☐ Client ☐ GT Lab	

Sample Location/ Description	Lab Number	Sample Matrix	Date	Time (Military)	Sample Type	**Analyses Requested	Remarks/ Preservatives, etc	Number of Containers
***NOTE: IF multiple analytes from one bottle, OR if multiple bottles for one analyte, THEN list separately on one line UNLESS LISTED ON ATTACHED FIELD LOG*								
		nHZ / HZ					Field Filtered: Y / N	
		nHZ / HZ					Field Filtered: Y / N	
		nHZ / HZ					Field Filtered: Y / N	
		nHZ / HZ					Field Filtered: Y / N	
		nHZ / HZ					Field Filtered: Y / N	
		nHZ / HZ					Field Filtered: Y / N	
		nHZ / HZ					Field Filtered: Y / N	
		nHZ / HZ					Field Filtered: Y / N	

Note Deficiencies Here:

Relinquished by (Company & Signature)	Date	Time (Military)	Received by (Company & Signature):	Date	Time (Military)

SAMPLES MUST BE PRESERVED ON ICE.

Ice present on receipt: ___Yes or ___No ▌ Cooler Temp (ºC) on receipt: _____