AREA: _____

FREQUENCY

Midway Laboratory, Inc

CHAIN OF CUSTODY FORM

LOG NUMBER: _____

PAGE: OF

COMPANY: _____

CONTACT(S): _____

CONTACT(S): _____

PHONE: _____ CELL: _____ FAX: _____

ADDRESS: _____

_____

EMAIL (S): _____

EMAIL (S): _____

SAMPLER: _____

SAMPLER SIGNATURE REQUIRED ABOVE

ANALYSIS REQUESTED

LAB #	SAMPLE DESCRIPTION	LOCATION / FACILITY	SAMPLE DATE	SAMPLE TIME	METER #	NUMBER OF CONTAINERS	TYPE OF CONTAINERS (SEE LIST)	SAMPLE MATRIX (SEE LIST)	PRESERVATIVES REQUIRED (SEE LIST)	TEMPERATURE Temp	TEMPERATURE UOM	PRESSURE Pressure	PRESSURE UOM	TEMP

PRESERVATIVE LIST

Please indicate preservative required using the corresponding letter at the left of the list

A	HCl - Hydrocloric Acid
B	H2SO4 - Sulfuric Acid
C	HNO3 - Nitric Acid
D	NaOH- Sodium Hydroxide
E	NA2S2O3 - Sodium Thiosulfate
F	Zn Acetate - Zinc Acetate
G	O - Other (Please specify in comments)

SAMPLE CONDITION

AT TIME OF ARRIVAL IN THE LAB PLEASE CIRCLE THE APPROPRIATE BOXES BELOW:

SAME DAY SAMPLING
COOL
RECEIVED ON ICE
WARM
ROOM TEMPERATURE

PLEASE LIST ANY PM /PO NUMBERS OR COST CODES:

_____

TEMPERATURE MUST BE TAKEN FOR ALL DRINKING WATER SAMPLES UPON ARRIVAL IN THE LAB THESE ARE TAKEN WITH THE TEMP GUN

CONTAINER TYPES

G=	GLASS
AG=	AMBER GLASS
M=	METAL
MC=	METAL CYLINDER
P=	PLASTIC
SY=	SYRINGE
T=	TEDLAR
TC=	TEFLON COATED
O=	OTHER

SAMPLE MATRIX

G=	GAS
L=	LIQUID
LNG=	LIQUEFIED NATURAL GAS
LPG=	LIQUEFIED PETROLEUM GAS
O=	OIL
S=	SOIL
SLD=	SOLID
SL=	SLUDGE
DW=	DRINKING WATER
W=	WATER

SAMPLING

Start Time: _____

Total Sample Time:

HOURS

Total Mileage"

MILES

CHAIN OF CUSTODY SIGNATURE RECORD:

1. _____ RELINQUISHED BY _____ DATE _____ TIME

1. _____ RECEIVED BY _____ DATE _____ TIME

1. _____ RELINQUISHED BY _____ DATE _____ TIME

1. _____ RECEIVED BY _____ DATE _____ TIME

INSTRUCTIONS FOR OUTLABBING ANALYSIS:

ALL outlabbed analysis must include the method numbers for requested anlaysis.

ALL drinking water samples must include:
Source Numbers
Sampler's Name

Laboratory must be aware that analysis is to be reported to the State

IS SAMPLE A RESAMPLE?
PLEASE STATE YES OF NO:

ORGINAL LOG NUMBER:

IS SAMPLE A REVISED
PLEASE STATE YES OF NO:

COMMENTS:

THIS SPACE RESERVED FOR LABORATORY USE ONLY

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