

# Midway Laboratory, Inc

## CHAIN OF CUSTODY FORM

LOG NUMBER: \_\_\_\_\_

PAGE: 1 OF 1

AREA: 1. Area: Cymric, San Ardo, etc...  
 FREQUENCY: 2. Frequency: Monthly, Weekly, Etc...

COMPANY: \_\_\_\_\_  
 CONTACT(S): \_\_\_\_\_  
 CONTACT(S): \_\_\_\_\_  
 PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 EMAIL (S): \_\_\_\_\_  
 EMAIL (S): \_\_\_\_\_  
 SAMPLER: \_\_\_\_\_

**Company Name**  
**Contacts - list 6 primary**  
**Phone & FAX numbers**  
**Address**  
**Emails - list 6 primary**

1. Sample Descriptions 2. Location (36W, 2F, 17 Z Gas Plant, etc)

1. Date sample was taken 2. Time the sample taken 3. The analysis requested by client

SAMPLER SIGNATURE REQUIRED ABOVE

### ANALYSIS REQUESTED

PRESERVATIVE LIST	
Please indicate preservative required using the corresponding letter at the left of the list	
A	HCl - Hydrochloric 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

LAB #	SAMPLE DESCRIPTION	LOCATION FACILITY	SAMPLE DATE	SAMPLE TIME	METER #	ANALYSIS REQUESTED	CONTAINERS (SEE LIST)	TYPE OF CONTAINERS (SEE LIST)	SAMPLE MATRIX (SEE LIST)	PRESERVATIVES REQUIRED (SEE LIST)	TEMPERATURE		PRESSURE		TEMP	CONTAINER TYPES	SAMPLE MATRIX	SAMPLING	
											Temp	UOM	Pressure	UOM					

1. Log Number - from log book on front counter
2. If multiple samples list as log number -1, log number -2, log number -3, ect., if multiple samples for same site list samples as 1a, 1b, 1c, ect.
3. Signature, date and time (MILITARY TIME) of person relinquishing sample
4. Signature, date and time (MILITARY TIME) of laboratory personnel receiving sample
5. Number of Containers
6. Type of Containers (see list)
7. Sample Matrix (see list)
8. Preservatives required (see list)
9. Please list Temperature (°F or °C) and Pressure (psig, psia, psi) - these are taken at time of sampling. UOM = UNITS OF MEASURE
10. Condition of sample upon receiving in the laboratory, Circle all that apply.
11. COST CODES, PM Numbers, PO Numbers - REQUIRED FOR BILLING

- 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 analysis.

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

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

### COMMENTS:

IS SAMPLE A RESAMPLE?  
 PLEASE STATE YES OF NO

ORIGINAL LOG NUMBER:

IS SAMPLE A REVISED  
 PLEASE STATE YES OF NO

THIS SPACE RESERVED FOR LABORATORY USE ONLY



Alan J. Harris - President/Owner