



# SIERRA ANALYTICAL

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# CHAIN OF CUSTODY RECORD

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Page: \_\_\_\_ of \_\_\_\_

Lab Work Order No.: \_\_\_\_\_

<b>Client:</b> _____ <b>Client Address:</b> _____ _____ _____ <b>Client Tel. No.:</b> _____ <b>Client Fax. No.:</b> _____ <b>Client Proj. Mgr.:</b> _____			<b>Client Project ID:</b> _____			<b>Analyses Requested</b> <table border="1" style="width: 100%; height: 100px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																			<b>Geotracker EDD Info:</b>  <hr/> <b>Client LOGCODE</b>  <hr/> <b>Site Global ID</b>  <hr/> <b>Field Point Names / Comments</b>	
Turn Around Time Requested:			<input type="checkbox"/> Immediate			<input type="checkbox"/> 24 Hour																																				
			<input type="checkbox"/> 48 Hour			<input type="checkbox"/> 72 Hour																																				
			<input type="checkbox"/> 4 Day			<input type="checkbox"/> 5 Day																																				
			<input type="checkbox"/> Normal			<input type="checkbox"/> Mobile																																				
Client Sample ID.	Sierra No.	Date	Time	Matrix	Preservative	Container Type	No. of Containers																																			
1 Sampler Signature: _____ Shipped Via: _____			Printed Name: _____ (Carrier/Waybill No.)						Total Number of Containers Submitted to Laboratory												<b>Sample Disposal:</b> <input type="checkbox"/> Return to Client <input type="checkbox"/> Lab Disposal * <input type="checkbox"/> Archive ____ mos. <input type="checkbox"/> Other _____																					
2 Relinquished By: _____ Date: _____ Received By: _____ Date: _____			Company: _____ Time: _____ Company: _____ Time: _____						Total Number of Containers Received by Laboratory																																	
3 Relinquished By: _____ Date: _____ Received By: _____ Date: _____			Company: _____ Time: _____ Company: _____ Time: _____						<b>FOR LABORATORY USE ONLY - Sample Receipt Conditions:</b> <input type="checkbox"/> Intact <input type="checkbox"/> Chilled - Temp (°C) _____ <input type="checkbox"/> Sample Seals <input type="checkbox"/> Preservatives - Verified By _____ <input type="checkbox"/> Properly Labelled <input type="checkbox"/> Other _____ <input type="checkbox"/> Appropriate Sample Container <input type="checkbox"/> Storage Location _____																																	
4 Relinquished By: _____ Date: _____ Received By: _____ Date: _____			Company: _____ Time: _____ Company: _____ Time: _____																																							
<b>Special Instructions:</b> _____ _____ _____																																										