



# CHAIN OF CUSTODY RECORD

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FOR SVL USE ONLY <b>SVL JOB #</b>
TEMP on Receipt:

**Table 1. -- Matrix Type**  
 1 = Surface Water, 2 = Ground Water  
 3 = Soil/Sediment, 4 = Rinsate, 5 = Oil  
 6 = Waste, 7 = Other \_\_\_\_\_

<b>Report to Company:</b> _____ Contact: _____ Address: _____ _____ Phone Number: _____ FAX Number: _____ E-mail: _____	<b>Invoice Sent To:</b> _____ Contact: _____ Address: _____ _____ Phone Number: _____ FAX Number: _____ PO#: _____
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**Project Name:** \_\_\_\_\_  
**Sampler's Signature:** \_\_\_\_\_

Indicate State of sample origination: \_\_\_\_\_ **USACE?**  Yes  No

Sample ID	Collection		Misc.	Preservative(s)								Analyses Required	Rush Instructions (Days)	Comments	
	Date	Time	Collected by: (Init.)	Matrix Type (From Table 1)	No. of Containers	Unpreserved	HNO <sub>3</sub> Filtered	HNO <sub>3</sub> Unfiltered	HCl	H <sub>2</sub> SO <sub>4</sub>	NaOH				Other (Specify)
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
Relinquished by:			Date:	Time:	Received by:			Date:	Time:						
Relinquished by:			Date:	Time:	Received by:			Date:	Time:						