



CHAIN OF CUSTODY RECORD

Page ____ of ____

SVL Analytical, Inc. • One Government Gulch • Kellogg, ID 83837 • (208) 784-1258 • FAX: (208) 783-0891

FOR SVL USE ONLY SVL Work Order #
Temperature on Receipt: _____

Report to Company: _____ Contact: _____ Address: _____ _____ Phone Number: _____ FAX Number: _____ E-mail: _____	Invoice Sent To: _____ Contact: _____ Address: _____ _____ Phone Number: _____ FAX Number: _____ PO#: _____
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Table 1. -- Matrix Type 1 = Surface Water, 2 = Ground Water 3 = Soil, 4 = Sediment, 5 = Rock, 6 = Rinsate, 7 = Oil 8 = Waste, 9 = Other: _____

Project Name: _____
Sampler's Signature: _____

Indicate State of sample origination: _____

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 ₃ Filtered	HNO ₃ Unfiltered	HCl				H ₂ SO ₄	NaOH
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: _____

* Sample Reject: Return Dispose Store (30 Days)

White: LAB COPY Yellow: CUSTOMER COPY