Continental Analytical Services, Inc.

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(785)827-1273 (800)535-3076 Fax (785)823-7830
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CHAIN OF CUSTODY RECORD

Continental Order Number: _____

Client/Reporting Information	Invoice Information	PARAMETERS/CONTAINER TYPE	COMMENTS
Company Name:	Company Name:		
Address:	Address:		
City: State: Zip:	City: State: Zip:		
Contact:	Contact:		
E-mail:	E-mail:		
Phone Number: Fax Number:	Phone Number: Fax Number:		
Sampler's Name:(Printed)	Sampler's Name:(Signature)	Purchase Order Number:	
Project Number:	Project Name:		

SAMPLE IDENTIFICATION (30 Characters or less)	Matrix (Sample Type)	Regulatory Program	Date Sampled	Time Sampled	C-Composite G-Grab	Total Containers	Number of Preserved Bottles: HCl	NaOH	HNO3	H2SO4	NONE	OTHER:

Matrix (Sample Type): **DW**=Drinking Water, **GW**=Ground Water, **WW**=Waste Water, **W**=Wipe, **S**=Solid/Soil, **SL**=Sludge, **A**=Air, **OL**= Oil/Organic Liquid, **O**=Other

Regulatory Program: **N**=NPDES, **R**=RCRA, **D**=Drinking Water, **SL**=503 Sludge, **O**=Other

(Please note if non-standard turnaround. Rush & Emergency subject to additional charge)
Standard TAT: (15 working days) Rush TAT: (5 working days) Emergency TAT: (3 working days)

RELINQUISHED BY:	DATE:	TIME:	RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY:	DATE:	TIME:	RECEIVED BY:	DATE:	TIME:
RECEIVED AT LAB BY:	DATE:	TIME:	SHIPPED VIA: AIRBILL:	SEAL #: SEAL DATE:	

PLEASE NOTE THE ATTACHED CONTINENTAL SAMPLE ACCEPTANCE POLICY