



## White Water Associates Lab – Filling Out The Chain of Custody

The following information must be entered on a *Chain of Custody* form in indelible ink:

1. Client Name: Name, email address, mailing address and phone number to be used for reporting
2. Samplers Signature: Name of person taking the sample
3. Sample Location: WSSN or other identification of sample location (ex. kitchen tap) – use as many lines as necessary in this column to include the following information: (a) Sample Source – drinking water, surface water, wastewater, etc., (b) System Owner Name, Collection Site Address
4. Time of Collection
5. Date of Collection
6. Analysis Type Requested: ex. Total coliform – pos/neg, Fecal Coliform - enumerated, etc.
7. Remarks: Let us know if you want reported directly to the Local Health Dept.- name County
8. Transport/relinquished by information – signature/date/time

Keep the pink copy for yourself and send the white and yellow to us with sample.

The next page is an example of a filled chain of custody, with entries showing how typical areas of the form are filled by a customer. (Do not use these actual values, but instead relate them to you, your sample, and specified tests.)

Job # (WWA office use):

**CHAIN-OF-CUSTODY RECORD**



429 River Lane, P.O. Box 27  
Amasa, Michigan 49903

Phone: (906) 822-7373, Fax -7977  
Web: white-water-associates.com

CLIENT NAME / BILL TO John Doe			EMAIL ADDRESS jdoe@your-email.com		
ADDRESS P.O. 49			TELEPHONE 906-822-7889		

CITY Amasa	STATE MI	ZIP 49903	CONTRACT / PO / PROJECT NAME		
SAMPLER NAME (print first/last name)		DATE SUBMITTED	PAGE ___ OF ___ <small>Indicate if more than one page of COC records used</small>		

SAMPLER'S SIGNATURE

Check off preservatives for each bottle with an "x" and indicate total number of bottles. Leave space for lab to enter bottle ID (A, B, C, etc.).

SAMPLE ID AND DESCRIPTION <small>Containers for each sample may be combined on one line.</small>	DATE	TIME	SAMPLE MATRIX					CONTAINERS / PRESERVATIVES						Total Number of Containers	Total Coliform - Drinking Water										REMARKS (Note any special instructions provided by client or conditions of receipt noted by WWA lab staff):			
			Drinking water	Aqueous	Sed.	Soil	Other:	Unpreserved	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH													Na Thio		
WSSN 3920	11/10/12	9:30 AM	x												x												Please email results to Iron County Health Dept.	
Drinking Water																												
Well #29																												
Hematite Township																												
29 Cherry Lane																												
Amasa, Michigan 49903																												

Relinquished by:	Date:	Time:	Received by:	Date:	Time:	Comments / Sample temperature on receipt:
Relinquished by:	Date:	Time:	Received by:	Date:	Time:	