Version
160504

Job # (WWA office use):

CHAIN-OF-CUSTODY RECORD

WHITE WATER ASSOCIATES, INC.

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

Phone: (906) 822-7889, Fax -7977
Web: white-water-associates.com

CLIENT NAME / BILL TO			EMAIL ADDRESS
ADDRESS			TELEPHONE
CITY	STATE	ZIP	CONTRACT / PO / PROJECT NAME / WSSN#
SAMPLER NAME (print first/last name)			COUNTY OF LOCATION / PAGE ____ OF ____ (Indicate if more than one page of COC records used)
SAMPLER'S SIGNATURE			Check off preservatives for each bottle upon arrival and indicate total number of bottles. WWA database contains bottle preservation details.

ANALYSIS TYPE REQUESTED (Attach list if neeeded)

Instructions to White Water
Send my report by:
_____ email
_____ mail

Unless otherwise noted, drinking water report copies are sent to MDEQ and Health Dept.

REMARKS (Note any special instructions provided by client or conditions of receipt noted by WWA lab staff. Also note any residual chlorine.)

SAMPLE ID AND LOCATION Containers for each sample may be combined on one line.	DATE	TIME	**SAMPLE MATRIX**					**CONTAINERS / PRESERVATIVES**							Total Number of Containers
			Drinking water	Aqueous	Sed.	Soil	Other:	None	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH	Na Thio	

Relinquished by:	Date:	Time:	Received by:	Date:	Time:	Comments/Sample temp. on receipt:
Relinquished by:	Date:	Time:	Received by:	Date:	Time:	

Packing: Ice ___
Cooler ___

WHITE - RETURN W/ REPORT CANARY - W/ SAMPLES PINK - CUSTOMER

UPS☐ FedEx☐ USPS☐ Client☐ Other _____