

Job # (WWA office use):

CHAIN-OF-CUSTODY RECORD



Page: ___ OF ___

Amasa MI: PO Box 27, 429 River Ln, Amasa MI 49903, 906-822-7889
Kewaunee WI: 223B Milwaukee St, Kewaunee WI 54216, 920-419-2249

Form section with fields: CLIENT NAME / BILL TO, EMAIL ADDRESS, ADDRESS, TELEPHONE, CITY, STATE, ZIP, PROJECT NAME / WSSN#, TEST / ANALYSIS REQUESTED (Attach list if needed), Unless otherwise noted, drinking water reports are sent to the local and/or state regulating agencies

Form section with fields: SAMPLER NAME (print first/last name), COUNTY OF LOCATION, SITE CODE, SAMPLER'S SIGNATURE, Public Systems, in REMARKS state: Sample Type = Routine, Repeat, Raw, Process, or Other. Preservatives: WWA noted upon arrival, database contains bottle preservation details.

Table with columns: SAMPLE ID AND LOCATION (Containers for each sample may be combined on one line), Sample Collection (DATE, TIME), Matrix Code (key below), Samp Type (G)/rab (C)/omp, Filtered, Residual Chlorine, None, H2SO4, HNO3, HCl, NaOH, Na Thio, G- Trizma, Other, Number of Containers, REMARKS (Note any special instructions provided by client or conditions of receipt noted by WWA lab staff.)

Form section with fields: Relinquished by: Date: Time: Received by: Date: Time: Comments: Packing: Ice ___ Cooler ___