

CHAIN OF CUSTODY

CONTACT INFORMATION		PROJECT INFORMATION			
Company:		Project ID:			
Contact Name:		PO Number:			
Phone Number:		Sample Date:			
Address:		Sampler Signature:			
Sample ID	Sample Description/Location	Time	Volume/Area	Sample Type	Analyses
Special Instructions:		Relinquished By:	Date & Time	Received By:	Date & Time

A completed and signed Chain of Custody form indicates agreement with the terms of the SML Client Agreement and authorizes SML to perform the requested tests.
COCF100_JUL2012