

CHAIN OF CUSTODY INSTRUCTIONS

All samples submitted for analysis must be accompanied by a completed chain of custody form or letter indicating the required analyses. For your convenience, chain of custody forms can be obtained from the lab or downloaded from our website at www.phaseonline.com. Below are instructions and an example of a properly completed chain of custody form.



SAMPLE CHAIN OF CUSTODY/AGREEMENT FORM PHASE SEPARATION SCIENCE, INC.

www.phaseonline.com
email: info@phaseonline.com

1 CLIENT: <i>ABC Environmental</i> OFFICE LOC. <i>Columbia</i>					PSS Work Order #: _____					PAGE <i>1</i> OF <i>1</i>					
PROJECT MGR: <i>John Smith</i> PHONE NO.: <i>(410) 555-6474</i>					Matrix Codes: SW-Surface Wtr DW-Drinking Wtr GW-Ground Wtr WW-Waste Wtr O-Oil S-Soil WL-Waste Liquid WS-Waste Solid W-Wipe										
EMAIL: <i>Jsmith@abcenv.com</i> FAX NO.: <i>(410) 555-8838</i>					No. CONTAINER	SAMPLE TYPE	Preservatives Used	Analysis/Method Required	C = COMP	G = GRAB	Volatiles	Pesticides	Herbicides	Cd, Cr, Pb	REMARKS
PROJECT NAME: <i>Groundwater Invest.</i> PROJECT NO.: <i>08-01</i>															
SITE LOCATION: <i>Baltimore, MD</i> P.O. NO.: <i>ABC-0801</i>															
2 SAMPLERS: <i>Jane Doe & John Deer</i>															
LAB NO.	SAMPLE IDENTIFICATION	DATE	TIME	MATRIX (See Codes)	No.	CONTAINER	Preservatives Used	Analysis/Method Required	C = COMP	G = GRAB	Volatiles	Pesticides	Herbicides	Cd, Cr, Pb	REMARKS
	<i>GW-1</i>	<i>3/15</i>	<i>10:00a</i>	<i>GW</i>	<i>5</i>	<i>G</i>	<i>X</i>				<i>X</i>				
	<i>GW-2</i>	<i>3/15</i>	<i>10:15a</i>	<i>GW</i>	<i>5</i>	<i>G</i>	<i>X</i>					<i>X</i>			<i>Expect High VOCs</i>
	<i>GW-3</i>	<i>3/15</i>	<i>10:30a</i>	<i>GW</i>	<i>5</i>	<i>G</i>	<i>X</i>	<i>X</i>			<i>X</i>				
	<i>GW-4</i>	<i>3/15</i>	<i>10:45a</i>	<i>GW</i>	<i>5</i>	<i>G</i>	<i>X</i>	<i>X</i>			<i>X</i>				
	<i>GW-5</i>	<i>3/15</i>	<i>11:00a</i>	<i>GW</i>	<i>5</i>	<i>G</i>	<i>X</i>	<i>X</i>	<i>X</i>						<i>HOLD!</i>
	<i>Trip Blank</i>	<i>3/15</i>	<i>11:15a</i>	<i>W</i>	<i>2</i>	<i>G</i>	<i>X</i>								
5 Relinquished By: (1) <i>John Smith</i> Date <i>3/15</i> Time <i>14:43</i> Received By: _____					4 Requested Turnaround Time <input checked="" type="checkbox"/> 5-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> 2-Day <input type="checkbox"/> Next Day <input type="checkbox"/> Emergency <input type="checkbox"/> Other					# of Coolers: _____					
Relinquished By: (2) _____ Date _____ Time _____ Received By: _____					Data Deliverables Required: <i>Level 2</i>					Custody Seal: _____					
Relinquished By: (3) _____ Date _____ Time _____ Received By: _____					Special Instructions: <i>Standard Turnaround</i> <i>Also fax results to Joe Black @ (410) 555-7575</i>					Ice Present: _____ Temp: _____					
Relinquished By: (4) _____ Date _____ Time _____ Received By: _____										Shipping Carrier: _____					

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The client (Client Name), by signing, or having client's agent sign, this "Sample Chain of Custody/Agreement Form", agrees to pay for the above requested services per the latest version of the Service Brochure or PSS-provided quotation including any and all attorney's or other reasonable fees if collection becomes necessary.

Section 1

CLIENT: Name of company submitting samples.

OFFICE LOC: If the company submitting the samples has multiple locations, indicate which office is submitting the samples.

PROJECT MANAGER: Person PSS should contact if additional information is required. This is also the person the report will be sent to unless specified differently in the "Special Instructions" box in the lower right hand corner of the form.

PHONE NO: Phone number PSS should call if questions arise about sample or analysis.

EMAIL: E-mail address the report should be sent to.

FAX NO: Phone number that the report should be faxed to.

PROJECT NAME: Provide name of project as it is to appear on the analytical test report.

PROJECT NUMBER: Provide the number of the project (if applicable) as you want it to appear on the analytical test report.

SITE LOCATION: Provide the site location where the samples were taken (if applicable) as it is to appear on the analytical test report.

P.O. NUMBER: Provide purchase number (if applicable) that should appear on invoice.

SAMPLERS: Provide the name(s) of the person(s) who took the samples.

DW CERT NO.: If the sample is for drinking water compliance in Maryland, please list the sampler certification ID.

Section 2

LAB NO.: For laboratory use only.

SAMPLE IDENTIFICATION: Identify sample as it should appear the analytical test report.

DATE: The date the sample was collected.

TIME: The time the sample was collected.

MATRIX: The physical nature of the sample i.e. Water, Soil, Oil, Liquid or Solid. (See matrix codes listed on COC for matrix abbreviations.)

No. CONTAINERS: Number of containers provided for each sample.

SAMPLE TYPE: Specify C for composite sample or G for grab sample (if applicable to project).

Section 3

Preservatives Used: Specify preservative used for each analysis requested, leave blank if none were used.

Analysis/Method Required: Specify the analysis requested for each sample by listing the analyte (or list of analytes) and test method on the diagonal line. Put an X in the box below the parameter that corresponds to the sample that requires that analyte.

REMARKS: Additional information about a particular sample, i.e. "hold for further instruction" or "expect high levels".

Section 4

of Coolers/Custody Seal/Ice Present/Temp/Shipping Carrier: For laboratory use only.

Data Deliverables Required: Specify level of data required with report. Level I is PSS's standard report. Contact lab for information on Level II and Level III data packages (please note that a surcharge usually applies to Level II and Level III data packages).

Requested Turnaround Time and Special Instructions: Select requested turnaround (TAT) time for samples. PSS standard TAT is 5-days. If requesting multiple TATs for samples, please fill out a separate COC for each TAT to ensure samples are reported correctly. If TAT something other than the options listed, please indicate this in the "Special Instructions" box.

Section 5

"Relinquished By:" This is one of the most important parts of this form. The person that has collected the sample should sign, date and time the form in the top most block. Each person that has accepted the sample should sign in the adjacent "Received By:" box. When the sample is relinquished again, it should be signed with time and date in the next "Relinquished By:" box. These signatures establish the "chain of custody" and show who has had possession of the samples before they reached the laboratory. Once at the laboratory, the sample custodian will sign on the last "Received By:" box.