

# Drinking Water Lead Sampling Chain of Custody Record

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Name/ID: \_\_\_\_\_

Sampler's Name: \_\_\_\_\_ Sampling Date: \_\_\_\_\_

## Sample Information

Sample ID	Location/Description	Collection Date	Collection Time	Total Volume (mL)	Field Notes

## Chain of Custody

Date/Time Released	Released By (Print & Sign)	Date/Time Received	Received By (Print & Sign)	Purpose

Laboratory Name/Firm: \_\_\_\_\_

Lab Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Laboratory Address: \_\_\_\_\_

Analysis Requested: \_\_\_\_\_

Date/Time Analysis Received: \_\_\_\_\_