IH Chain of Custody Form

CLARK TESTING

TS#:_____

1801 Route 51, Jefferson Hills, PA 15025 412-387-1001

Company/ Contact:		Project/ Location:	
	Telephone: Fax:	P.O. #:	
	Contact: E-mail:		

ANALYSIS REQUESTED *(Please specify test and method)*

ITEM #	Sample Description	Flow rate (Lpm)			Sample Time			Total Volume (L)	Date						Requested Turnaround **Call ahead & Early A.M. delivery, rush charges apply				
		Start	Stop	Ave.	Start Time	Stop Time	Total Minutes								Same day**	Next day**	3 days**	5 days	7+ days
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

COMMENTS:

(1)Relinquished by:	Date	Time	(2)Received by	Date	Time	(3)Relinquished by	Date	Time
(4) Received by	Date	Time	(5) Relinquished by	Date	Time	(6) Received at lab by	Date	Time

Method of Delivery: DHL Courier Fed Exp UPS US Mail Other: _____ Page____ of ____