ACS

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Analysis Request and Chain of Custody Record

Project No.	Client/Project Name	Project Location

Field Sample No./ Identification	Date and Time	Grab	Comp	Sample Container (Size/Mat'l)	Sample Type (Liquid, Sludge, Etc.)	Preser-vative	ANALYSIS REQUESTED	LABORATORY REMARKS

Samplers: *(Signature)*	Relinquished by: *(Signature)*	Date: Time:	Received by: *(Signature)*	Date: Time:	Intact
Affiliation	Relinquished by: *(Signature)*	Date: Time:	Received by: *(Signature)*	Date: Time:	Intact
	Relinquished by: *(Signature)*	Date: Time:	Received by: *(Signature)*	Date: Time:	Intact

SAMPLER REMARKS	Received for laboratory: *(Signature)*	Date: Time:	Laboratory No.
Seal #	Data Results to:		