City of Rockford Environmental Lab
1111 Cedar Street
Rockford, IL 61102

CHAIN OF CUSTODY RECORD

Phone: (779) 348-7151
Fax: (815) 987-5606

ALL HIGHLIGHTED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

1 CLIENT	P.O. NUMBER	PROJECT NAME	DATE SHIPPED	3 ANALYSIS REQUESTED	4 WORK ORDER (FOR LAB USE ONLY)
ADDRESS	PHONE	EMAIL	MEANS SHIPPED		Date/Time Rec'd: _____
CITY / STATE / ZIP	SAMPLER (PLEASE PRINT)		MATRIX TYPES: DW - DRINKING WATER GW - GROUND WATER		Date/Time Set Up: _____
CONTACT PERSON	SAMPLER'S SIGNATURE		OTHER: _____		Date/Time Read: _____

2 SAMPLE DESCRIPTION AS YOU WANT TO REPORT	DATE COLLECTED	TIME COLLECTED	SAMPLE TYPE GRAB	SAMPLE TYPE COMP	MATRIX TYPE	BOTTLE COUNT								REMARKS

5 TURNAROUND TIME REQUESTED
(RUSH TAT IS SUBJECT TO APPROVAL AND SURCHARGE)
☐ NORMAL ☐ RUSH

DATE RESULTS NEEDED

6 RELINQUISHED BY (SIGNATURE)	DATE / TIME	RECEIVED BY (SIGNATURE)	DATE / TIME
RELINQUISHED BY (SIGNATURE)	DATE / TIME	RECEIVED BY (SIGNATURE)	DATE / TIME
RELINQUISHED BY (SIGNATURE)	DATE / TIME	RECEIVED BY (SIGNATURE)	DATE / TIME

7 COMMENTS (FOR LAB USE ONLY)
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