



American West Analytical Laboratories

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www.awal-labs.com

Client: _____
 Address: _____
 City, State, Zip: _____
 Contact: _____
 Phone #: _____ Cell #: _____
 E-mail: _____
 Project Name: _____
 Project #: _____
 PO #: _____
 Sampler Name: _____

CHAIN OF CUSTODY

All analysis will be conducted using NELAP accredited methods and all data will be reported using AWAL's standard analyte lists and reporting limits (PQL) unless specifically requested otherwise on this Chain of Custody and/or attached documentation.

AWAL Lab Sample Set # _____

Page _____ of _____

| Sample ID: | | Date Sampled | Time Sampled | # of Containers | Sample Matrix | QC Level: | | | | | Turn Around Time: | | | | | Unless other arrangements have been made, signed reports will be emailed by 5:00 pm on the day they are due. | Due Date: |
|-------------------------------------|--|--------------|----------------------------|---------------------------------|---------------|-------------|--|--|----------------------------|-----------------------|-------------------|--|--|--|---|---|-----------|
| | | | | | | 1 2 2+ 3 3+ | | | | | 1 2 3 4 5 Std | | | | | | |
| | | | | | | | | | | | | | | | <input type="checkbox"/> Report down to the MDL <input type="checkbox"/> Include EDD: <input type="checkbox"/> Lab Filter for: <input type="checkbox"/> Field Filtered For: For Compliance With: <input type="checkbox"/> NELAP <input type="checkbox"/> RCRA <input type="checkbox"/> CWA <input type="checkbox"/> SDWA <input type="checkbox"/> ELAP / A2LA <input type="checkbox"/> NLLAP <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Other: | Laboratory Use Only | |
| | | | | | | | | | | | | | | | | COC Tape Was: 1 Present on Outer Package Y N NA 2 Unbroken on Outer Package Y N NA 3 Present on Sample Y N 4 Unbroken on Sample Y N NA | |
| | | | | | | | | | | | | | | | | Samples Were: 1 Shipped or hand delivered 2 Ambient or Chilled 3 Temperature _____ °C 4 Received Intact Y N 5 Properly Preserved Y N Checked at bench 6 Received Within Holding Times Y N | |
| | | | | | | | | | | | | | | | | Known Hazards & Sample Comments | |
| | | | | | | | | | | | | | | | | Sample Labels and COC Record Match? Y N | |
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| Relinquished by: _____ Signature | | | Date: _____ Time: _____ | Received by: _____ Signature | | | | | Date: _____ Time: _____ | Special Instructions: | | | | | | | |
| Print Name: _____ | | | | Print Name: _____ | | | | | Date: _____ Time: _____ | | | | | | | | |
| Relinquished by: _____ Signature | | | Date: _____ Time: _____ | Received by: _____ Signature | | | | | Date: _____ Time: _____ | | | | | | | | |
| Print Name: _____ | | | | Print Name: _____ | | | | | Date: _____ Time: _____ | | | | | | | | |
| Relinquished by: _____ Signature | | | Date: _____ Time: _____ | Received by: _____ Signature | | | | | Date: _____ Time: _____ | | | | | | | | |
| Print Name: _____ | | | | Print Name: _____ | | | | | Date: _____ Time: _____ | | | | | | | | |