

## CHAIN OF CUSTODY RECORD

Phone 270.745.5287 Fax 270.745.3102 [www.watersky.org](http://www.watersky.org) Temp. upon arrival \_\_\_\_\_

Mail to:  
**WATERS** Laboratory  
 Western Kentucky University  
 Central Receiving V313  
 1906 College Heights Blvd #61066  
 Bowling Green, KY 42101

Special Notes:

RESULTS BY: (Default-Mail)

- Email Only  
 Fax & Mail  
 Mail Only

Deliver to:  
**WATERS** Laboratory  
 Western Kentucky University  
 Environmental Science & Technology Bldg  
 Room 407  
 Bowling Green KY 42101

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Drinking Water Use Only**  
 In 1-5°C: Date \_\_\_\_\_ Time \_\_\_\_\_ Analyst \_\_\_\_\_  
 Out 1-5°C: Date \_\_\_\_\_ Time \_\_\_\_\_ Analyst \_\_\_\_\_

| ID Tag # | Collection                 | Sampling Site Description or Location | Container Type                                                                                                                       | Preservation Method                                                                                                                                                                                                                                                        | Analysis Requested | Sampler Initials | Lab Use Only |
|----------|----------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------|--------------|
|          | Date: _____<br>Time: _____ |                                       | Glass <input type="checkbox"/><br>Plastic <input type="checkbox"/><br>VOA <input type="checkbox"/><br>Other <input type="checkbox"/> | Ice <input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>4</sub> <input type="checkbox"/><br>H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/><br>HCl <input type="checkbox"/><br>Other <input type="checkbox"/> |                    |                  |              |
|          | Date: _____<br>Time: _____ |                                       | Glass <input type="checkbox"/><br>Plastic <input type="checkbox"/><br>VOA <input type="checkbox"/><br>Other <input type="checkbox"/> | Ice <input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>4</sub> <input type="checkbox"/><br>H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/><br>HCl <input type="checkbox"/><br>Other <input type="checkbox"/> |                    |                  |              |
|          | Date: _____<br>Time: _____ |                                       | Glass <input type="checkbox"/><br>Plastic <input type="checkbox"/><br>VOA <input type="checkbox"/><br>Other <input type="checkbox"/> | Ice <input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>4</sub> <input type="checkbox"/><br>H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/><br>HCl <input type="checkbox"/><br>Other <input type="checkbox"/> |                    |                  |              |
|          | Date: _____<br>Time: _____ |                                       | Glass <input type="checkbox"/><br>Plastic <input type="checkbox"/><br>VOA <input type="checkbox"/><br>Other <input type="checkbox"/> | Ice <input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>4</sub> <input type="checkbox"/><br>H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/><br>HCl <input type="checkbox"/><br>Other <input type="checkbox"/> |                    |                  |              |
|          | Date: _____<br>Time: _____ |                                       | Glass <input type="checkbox"/><br>Plastic <input type="checkbox"/><br>VOA <input type="checkbox"/><br>Other <input type="checkbox"/> | Ice <input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>4</sub> <input type="checkbox"/><br>H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/><br>HCl <input type="checkbox"/><br>Other <input type="checkbox"/> |                    |                  |              |
|          | Date: _____<br>Time: _____ |                                       | Glass <input type="checkbox"/><br>Plastic <input type="checkbox"/><br>VOA <input type="checkbox"/><br>Other <input type="checkbox"/> | Ice <input type="checkbox"/> Na <sub>2</sub> S <sub>2</sub> O <sub>4</sub> <input type="checkbox"/><br>H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/><br>HCl <input type="checkbox"/><br>Other <input type="checkbox"/> |                    |                  |              |

Signature of Sampler(s): \_\_\_\_\_ Print Name of Sampler(s): \_\_\_\_\_

|                         |              |                                        |              |
|-------------------------|--------------|----------------------------------------|--------------|
| <b>Relinquished by:</b> | <b>Date:</b> | <b>Received by:</b>                    | <b>Date:</b> |
| <b>Representing:</b>    | <b>Time:</b> | <b>Representing: WATERS Laboratory</b> | <b>Time:</b> |
| <b>Relinquished by:</b> | <b>Date:</b> | <b>Received by:</b>                    | <b>Date:</b> |
| <b>Representing:</b>    | <b>Time:</b> | <b>Representing:</b>                   | <b>Time:</b> |