

CHAIN OF CUSTODY

Client: _____

Address: _____

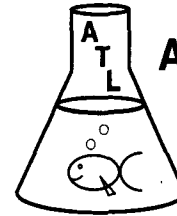
Project Manager: _____

Phone: _____

Fax: _____

Email: _____

Purchase Order No: _____



**Aquatic
Testing
Laboratories**

**4350 Transport St., Unit 107
Ventura, CA 93003
(805) 650-0546 Fax (805) 650-0756**

Sample ID	Sample Date	Sample Time	Sample Type *	Chlorine (TRC)**	Number of Containers	Testing Requested

Special Instructions:

**** Note: Total residual chlorine must be taken immediately after sample collection if sample is a chlorinated effluent.**

* L - Liquid, S - Solid, SS - Semi-Solid/sludge, RW - Receiving Water, GW - Ground Water, E - Effluent

CUSTODY TRANSFERS

Relinquished by (signature)	Received by (signature)	Date (mm/dd/yy)	Time (hh:mm)	Custody Seals Intact? (Yes, No, NA)	Temperature Received (°C)