WESTERN ANALYTICAL LABORATORIES

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Sample Analysis Request Form and Chain of Custody

Client:	**OSHPD#:**	**WAL No.:**
Secondary Client:	**Date Sampled:**	**Notes:**
Address:	**Sampled By:**	
Attention:	**Sample Matrix:** Drinking Water	
Sample Location:	☐ **Regulatory (Reported to the State of California)**	

					Analysis Requested						
Cont. I.D.	**Time Sampled**	**Cont.**	**Preserv.**	**Sample Description**	**Coliform**	**E. coli**	**HPC**	**TDS**		**Total Cl_2**	**Free Cl_2**
		Bacti	$Na_2S_2O_3$								

All highlighted fields must be filled out by sampler.

Add additional samples/containers as required.

Relinquished by: (Signature)	**Date:**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date:**	**Received by: (Signature)**	
	Time:			**Time:**		
Relinquished by: (Signature)	**Date:**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date:**	**Received by: (Signature)**	
	Time:			**Time:**		