

Western Analytical Laboratories, Inc.

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ELAP Accredited Laboratory

Sample Analysis Request Form And Chain Of Custody

Customer:		Date Sampled:	
Address:		Sampled By:	
Attention:		Sample Matrix:	
Sample Location:			

WAL No.	Cont I.D.	Time Sampled	Container and Preservative	Sample Description	TSS	Q&G	Analyses Required				pH of preserved samples (for lab use only)	Remarks (include field results)	
			1/2 Gallon Plastic 4 deg C	Storm Water	X								pH & Time/Analyst
			Liter Glass H2SO4, 4 deg C	Storm Water		X							
*** All highlighted fields must be filled out by sampler.*** *** Add additional analysis and containers as required.***													

CHAIN OF CUSTODY:						Sample Condition: (Check)			
Relinquished by: (SIGNATURE)	Date	Received by: (SIGNATURE)	Relinquished by: (SIGNATURE)	Date	Received by: (SIGNATURE)	Iced	___	Frozen	___
	Time			Time		Leaking	___	Intact	___
						Temperature °C	___	Custody Seals Intact	___
Relinquished by: (SIGNATURE)	Date	Received by: (SIGNATURE)	Relinquished by: (SIGNATURE)	Date	Received by: (SIGNATURE)	Turnaround Time: (Check)			
	Time			Time		Same Day	___	72-Hr	___
						24-Hr	___	5-Day	___
						48-Hr	___	Normal	___