

# CHAIN OF CUSTODY RECORD

Site Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Sample Collected by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Agency: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Sample ID(s):	Description:
_____	_____
_____	_____
_____	_____
_____	_____

COC Number: \_\_\_\_\_

COC Initiation Date: \_\_\_\_\_ COC Initiation Time: \_\_\_\_\_

1 Released by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Accepted by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

2 Released by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Accepted by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

3 Released by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Accepted by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

4 Released by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Accepted by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Purpose: This purpose of this form is to initiate and maintain a chain of custody record from sample collection and transportation to receipt of sample (s) in the laboratory.

Revised:8/30/04

