CHAIN OF CUSTODY RECORD

WORK ORDER # _____

Logged in LIMS by: _____

Meets Acceptance Criteria: Y N

Florida Spectrum Environmental Services, Inc.

Doc. Ctrl: 0401122-001
Rev. 1 Date: 04/11/22

☐ 1460 W McNab Road, Ft Lauderdale FL 33309	Tel: (954) 978-6400	Fax: (954) 978-2233
☐ 108 Airport Park Dr., Garden City, GA 31408	Tel: (912) 238-5050	Fax: (912) 234-4815
☐ 528 Gooch Road Fort Meade FL 33841	Tel: (863) 285-8145	Fax: (863) 285-7030
☐ 610 Parrot Ave. N; Okeechobee, FL 34972	Tel: (863) 763-3336	Fax: (863) 763-1544
☐ 111 E. Easton Dr., Lakeland, FL 33803	Tel: (863) 686-4271	

Original- Return w/report **Yellow-Lab File Copy** **Pink-Sampler Copy**

DUE DATE Requested _____

RUSH RESERVATION # _____

Rush Surcharges apply

Report to: *(company name)*		**Report to Address:**	
Invoice to: *(company name)*	**Purchase Order #**	**Invoice to Address:**	
Project Name and/or Number		**Site Location:**	
Project Contact:	**Phone:**	**Fax:**	**Email:**
Sampler Name: (printed)	**Affiliation:**	**Sampler Signature**	

ORDER # *Lab Control Number* *Shaded Areas For Laboratory Use Only*	Sample ID	Date Sampled	Time Sampled	Matrix DW GW S HW SEA X SW WW SED BIO OIL AIR	Bottle & Press. Combo Codes	Number of Containers Received & NELAC Letter Suffixes # A-?	Analysis Required							Field Tests TEMP °C	PH	COND	CHLOR
1				X			☐	☐	☐	☐	☐	☐	☐				
2				X			☐	☐	☐	☐	☐	☐	☐				
3				X			☐	☐	☐	☐	☐	☐	☐				
4				X			☐	☐	☐	☐	☐	☐	☐				
5				X			☐	☐	☐	☐	☐	☐	☐				
6				X			☐	☐	☐	☐	☐	☐	☐				
7				X			☐	☐	☐	☐	☐	☐	☐				
8				X			☐	☐	☐	☐	☐	☐	☐				
9				X			☐	☐	☐	☐	☐	☐	☐				
10				X			☐	☐	☐	☐	☐	☐	☐				

Special Comments:

"I waive NELAC protocol" (emergency) (sign here) >

Total

Deliverables **QA/QC Report Needed? No** ◉ **Yes** ◯ *(additional charge)*

	SIGNATURE	AFFILIATION	DATE / TIME
1	**Relinquished by:**		
1	**Received by:**		
2	**Relinquished by:**		
2	**Received by:**		
3	**Relinquished by:**		
3	**Received by:**		

Sample Custody & Field Comments

Received on Ice: Y N
Temp as received _____
Custody Seals? Y N
RAD-9 _____ **GUN-1** _____

FIELD TIME

Sampling _____hrs **Pick Up** _____hrs
Misc. Charges _____

Bottle Type

A-liter amber
B-Bacteria bag/bottle
F-500 ml O-125 ml
H-Plastic Amber liter
L-liter bottle
S2-2 oz soil jar
S4-4 oz soil jar / S8-8 oz soil jar
T-250 ml
V-40 ml vial
W-wide mouth
X-other TED-Tedlar Air Bag

Preservatives

A-ascorbic acid
C-HCL Cu-$CuSO_4$
DI-DI water
H-HNO_3
M-MCAB
MeOH-Methanol
Z-zinc acetate
P-H_3PO_4
S-H_2SO_4
T-$Na_2S_2O_3$-H_2O
U-Unpreserved
N-NaOH
NH4-NH4CL
Y-Sterile

Additional Preservatives

Hex-Hex Cr Buffer
EDA-Ethylene Diamine

www.flenviro.com **COC Page** _____ **of** _____