CHAIN OF CUSTODY

Blue Ridge Analytical
Environmental Laboratory & Field Services

www.blueridgeanalytical.com

Office Hours • Mon-Thurs 9am-5pm (Closed for lunch 12-1) • Friday 9-12pm

All Samples received on this chain will be reported together

NELAP ACCREDITED TNI LABORATORY #460301

2280 W. Ridge Rd
Wytheville, VA 24382
Phone: 276-228-6464
Fax: 276-228-2325
info@blueridgeanalytical.com

Client Name: | **Client Contact:** | **Phone:**

Client Address: | **Project/Facility:** | **Fax:**

City, State, Zip: | **Email:** | **PO#:**

Matrix Key:
W= Wastewater/Stormwater
D= Drinking Water
S= Soil/Solids
O= Other: _____

DW Sample Type Key:
RT = Routine Sample
S = Special Sample
RP = Repeat Sample
TG = Triggered Sample
OT = _____

Preservation Codes:
A= Sulfuric Acid (H2SO4)
B= Nitric Acid (HNO3)
C= Hydrochloric Acid (HCl)
D= Sodium Thiosulfate
E= Sodium Hydroxide (NaOH)
F= Ascorbic Acid
G= Ammonium Chloride (NH4Cl)
H= Phosphoric Acid (H3PO4)
I= Zinc Acetate+ Sod. Hydroxide (ZnAc+NaOH)
J= None
K= Other: _____

Results: ___ Mail ___ Fax ___ Email

Payment Received: ___ Cash ___ Credit/Debit ___ Check: _____

Public Drinking Water Clients: For **CMDP** entry please provide Sample type, Facility ID, Sampling Point. If your system is chlorinated please include chlorine residual.

Split Fluoride - CMDP requires waterworks field result; please provide on this chain of custody.

Sample Location (print)	Matrix	Comp	Grab	PWSID (if applicable)	Collection Information Date	Time	Pres.	CID	Analysis	Public Drinking Water Information (CMDP Entry) Sample Type	Facility ID	Sampling Point	Chlorine Residual (if applicable)	Split Fluoride Result	Sampled By: (print)	LAB USE ONLY *Blue Ridge Analytical Sample No.*

Comments:

Document No: COC
Version: 5
Effective Date: 5/1/2023

Samples on Wet Ice: ___ Yes ___ No
Samples on Blue Ice: ___ Yes ___ No

Cooler/Blank Temp. (Lab Use) _____ °C

Relinquished by Sampler (sign):	**Date/Time**	**Received By:**	**Date/Time:**
Relinquished by:	**Date/Time**	**Received By:**	**Date/Time:**
Relinquished by:	**Date/Time**	**Received By:**	**Date/Time:**
Relinquished by:	**Date/Time**	**Received by Lab:**	**Date/Time:**

DRINKING WATER SAMPLES: You must include all relavent information for CMDP entry: Sample Type, Facility ID, Sampling Point. If samples are Repeats please include upstream, downstream, source, etc on location line. Use comment section for any additional information.