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 LABORATORY TNI

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#460301

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: _____

Field Equipment Indentification
Sampler: _____
Flow Meter: _____

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: _____

CID

Pres. Code

Analysis

Public Drinking Water Information (CMDP Entry)

Results: **Payment Received:**
___ Mail   ____ Cash
___ Fax   ____ Credit/Debit
___ Email   ____ 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.

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

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Effective Date: 6/4/2024

Sample Location (print)	Matrix	Comp	Grab	PWSID (if applicable)	Collection Information Date	Collection Information Time									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:		Samples on Wet Ice: ___ Yes ___No Samples on Blue Ice: ___ Yes ___ No	Cooler/Blank Temp. _____ °C Correction Factor: _____ °C Final Temp: _____ °C	**LAB USE ONLY**

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 relevant information for CMDP entry: Sample Type, Facility ID, Sampling Point. If samples are Repeats please include upstream, downstream, source, etc on location line.