CHAIN OF CUSTODY

Blue Ridge Analytical
Environmental Laboratory & Field Services

A NELAP Accredited Laboratory

www.blueridgeanalytical.com

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

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

Client Name:	**Client Contact:**	**Phone:**
Client Address:	**Project/Facility:**	**Fax:**
City, State, Zip:	**Email:**	**PO#:**

Matrix Key:
WW= Wastewater/Stormwater
DW= Drinking Water
S= Soil/Solids
OT= Other: _____

Preservation Codes:
A= Sulfuric Acid (H_2SO_4)
B= Nitric Acid (HNO_3)
C= Hydrochloric Acid (HCl)
D= Sodium Thiosulfate
E= Sodium Hydroxide (NaOH)
F= Ascorbic Acid
G= Ammonium Chloride (NH_4Cl)
H= Phosphoric Acid (H_3PO_4)
I= Zinc Acetate+ Sod. Hydroxide (ZnAc+NaOH)
J= None
K= Other: _____

Results:
___ Mail
___ Fax
___ Email

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

Document No. CoC
Version: 2
Effective Date: 2/21/2022

Sample Location (print)	Matrix	Comp	Grab	PWSID (if applicable)	Collection Information Date	Time	Pres.	CID	Analysis										Chlorine Residual (if applicable)	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. (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:**

All samples received on the above chain of custody will be reported together.