STAT Analysis Corporation

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CHAIN OF CUSTODY RECORD Page : _____ of _____

Client: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
e-mail/Alt. Fax: _____

Project Number: _____
Project Name: _____
Project Location: _____
Project Manager: _____
P.O. Number: _____

Turn Around: 4 Hrs: ☐ 8 Hrs: ☐ 24 Hrs: ☐ 1 Day: ☐ 2 Days: ☐ 3 Days: ☐ 5 Days: ☐

Date Due: _____ Time Due: _____ Note: Not all turn around times are available for all analysis.

OFFICE USE ONLY BELOW:

Batch No.:

Samples Acceptable: Yes: ☐ No: ☐

Checked by (Initial/Date): _____

QC by (Initial/Date): _____

Reported By (Initial/Date/Time/Method): _____

Comments: _____

Relinquished by: Date/Time:
Received by: Date/Time:
Relinquished by: Date/Time:
Received by: Date/Time:
Relinquished by: Date/Time:
Received by: Date/Time:

Client Sample Number/Description:	Date Taken	Time On	Time Off	Rate (lpm)	Volume (Liters)	Area Wiped (ft^2)	Laboratory Sample No.	Lead Air	Lead Ambient Air	Lead Based Paint	Lead Soil	Lead Drinking Water	Lead Waste Water	Lead Wipe		TCLP Lead	TCLP RCRA Metals		Dust NIOSH 500	Dust NIOSH 600		Hexavalent Chromium		Other:

Comments: _____