



LABORATORIES, Inc.

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Chain of Custody Record

Form # 10-90008-0

Work Order #

Company Name and Address: 	Account #: 4251	Phone #:
	Contact: 	Fax #: For faxed report check box <input type="checkbox"/>
	Name of Sampler: 	E-mail: autorecyclers@bitstream.net For e-mail report check box <input checked="" type="checkbox"/>
Billing Address (indicate if different from above): <u>Copy of Report and Invoice to: Kelly Salseg</u> <u>Automotive Recyclers of Minnesota</u> <u>3333 Skycroft Circle</u> <u>Minneapolis, MN 55418</u>	Quote Number JB-14-11	Date Submitted:
	Project Name/Number: Use Company Name from above	Purchase Order #:

Sample Information					Bottle Type										Analysis			
Lab Number	Sample ID	Sample Type (Food, Soil, Water, Etc.)	Date Sampled	Time Sampled	VOC Vials	500 ml unpres.	1000 ml unpres.	500 ml HNO3	1000 ml HNO3	500 ml H2SO4	1000 ml H2SO4	Sterile plastic	Amber H2SO4	500 ml NaOH	Filtered? Y or N	Trip Blank	Analysis Required	
	Stormwater	Stormwater			3	1		1									X	BTEX, TSS, Aluminum, Iron, and Lead on all samples

Comments:

Transferred by:	Date:	Time:	Sample Condition:	Received by:	Date:	Time:	Temp:
1.							
2.							