MVTL **LABORATORIES, Inc.**
1126 North Front Street
New Ulm, MN 56073
Phone: (507) 354-8517
Toll Free: (800) 782-3557 Fax: (507) 359-2890

Chain of Custody Record

Form # 10-90008-0

Work Order #

Company Name and Address: Name of the company submitting the samples!	**Account #:** 4251	**Phone #:**
	Contact: Contact for Company	**Fax #:** For faxed report check box ☐
	Name of Sampler: Person who took samples	**E-mail:** autorecyclers@bitstream.net For e-mail report check box X
Billing Address (indicate if different from above): Copy of Report and Invoice to: Kelly Salseg, Automotive Recyclers of Minnesota, 3333 Skycroft Circle, Minneapolis, MN 55418	**Quote Number** JB-14-11	**Date Submitted:** Date the samples were shipped
	Project Name/Number: Company that submits samples	**Purchase Order #:**

Sample Information					Bottle Type												Analysis
Lab Number	Sample ID	Sample Type (Food, Soil, Water, Etc.)	Date Sampled (Date & Time samples were collected)	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
	If more than 1 sample is collected, use line 2 and give the second sample a different name.																

Comments: sign before shipping

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