

ESOI LABORATORY CHAIN OF CUSTODY

Client Name: _____

Client Address: _____

Contact Person: _____ Telephone: _____

Sampler's Name: _____ Sampler's Signature: _____

SAMPLE IDENTIFICATION (Waste Name and EPA HW #'s)	SAMPLE DATE	SAMPLE TIME	WASTE TYPE*	GRAB/ COMPOSITE	NUMBER OF CONTAINERS	PRESERVATIVE USED	MS/MSD	DUP	LOCATION OF SAMPLING	ANALYSIS REQUIRED						PROFILE/ WASTE STREAM IDENTIFICATION NUMBER
Relinquished By (Signature)		Date/Time		Received By (Signature)		Date/Time		Relinquished By (Signature)		Date/Time		Relinquished By (Signature)		Date/Time		
Received By (Signature)		Date/Time		Relinquished By (Signature)		Date/Time		Received By (Signature)		Date/Time		Received By (Signature)		Date/Time		
Relinquished By (Signature)		Date/Time		Method of Shipment				Received By Laboratory (Signature)				Date/Time				

Comments and Special Handling Instructions: *Water – W, Soil – S, Sludge – SL, Drums – D, Other – O	Laboratory Use Only Sample ID Number:
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