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CHAIN -OF- CUSTODY AND ANALYSIS REQUEST

FORM-034 DW COC - REVISION 1.0

Client/Reporting Information			Billing Information (If different from reporting)			Project Information	
Company:			Company:			PWSID#	
Street:			Street:			System Name:	
City:	State:	ZIP:	City:	State:	ZIP:	Facility ID#	(2nd) Facility ID#
Contact:		Phone:	Attention:				
Email:			Email:			Contact Person:	
Sampler:		Phone:					

LABORATORY SAMPLE ID:			Number of Containers																				Sample Point ID	(2nd) Sample Point ID				
			Nitrate, Nitrite	Inorganic Metals *	Fluoride <input type="checkbox"/>	Alkalinity <input type="checkbox"/>	TOC	THM 524.2	Haloacetic Acids 552.2	VOC 524.2	Full SOC	Cyanide	Corrosivity	Glyphosate 547	EDB/DBCP 504.1	Pesticides / PCBs 505	Herbicides 515.4	OP Pesticides 525.2	Carbamates 531.1	Endothall 548.1	Diquat 549.2	Gross Alpha w/o Uranium & Radon			Combined Radium 226 & 228	Uranium	Gross- Alpha/Beta	Other
State Form Information Compliance Samples Yes <input type="checkbox"/> No <input type="checkbox"/> Report to State Yes <input type="checkbox"/> No <input type="checkbox"/> **GAL cannot always accept verbal changes. Please fax or email written change requests.																												
Sample Location or ID	Date	Time																										

Instructions:

* Inorganic Metals Include: Sb, As, Ba, Be, Cd, Cr, Hg, Ni, Se, Na, Tl

Sample Custody must be documented below each time samples change possession, including courier delivery.

Relinquished by:	Date:	Received By:	PLEASE NOTE: GAL's liability and client's exclusive remedy for any claim arising whether based in contract or tort, shall be limited to the amount paid by the client for the analyses. All claims including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and receive by GAL within 30 days after completion. In no event shall GAL be liable for incidental or consequential damages, including without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by GAL, regardless of whether such claim is based upon any of the above stated reasons or otherwise.
	Time:		
Relinquished by:	Date:	Received By:	
	Time:		

Chain of Custody must be signed in "Relinquished By:" as an acceptance of services and all applicable charges. Checked By: _____ Temperature at Receipt: _____ On Ice No Ice Laser # _____