



CHAIN -OF- CUSTODY AND ANALYSIS REQUEST

FORM-035 Lead & Copper DW COC - REVISION 0.0

(970) 247-4220
 Fax (970) 247-4227
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 Durango, CO 81303
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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# DS001
Contact: Phone:	Attention:	
Email:	Email:	Contact Person:
Sampler: Phone:		

LABORATORY SAMPLE ID:

State Form Information

Compliance Samples Yes

Report to State Yes

**GAL cannot always accept verbal changes. Please fax or email written change requests.

LCR - Sample Point	Date	Time	Collector	Address, City, Zip

Instructions:

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 received 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 <input type="checkbox"/> No Ice <input type="checkbox"/>	Laser #
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