



421 Turner Dr
Durango, CO 81303
(970) 247-4220

CHAIN-OF-CUSTODY AND ANALYSIS
REQUEST FORM-035 Rev. 2 [DW Lead & Copper]

Note: Wite-Out™ or similar products cannot be used on the Chain of Custody

Company or Client:					Bill to (if different):		Project Information:		
Address:							System Name: PWSID: Facility ID:		
City: State: Zip:									
Phone #:									
Contact Person:									
Email Report to:									
Project Name(optional):					P.O. #:		Laboratory Sample ID:		
					Rush? Y ☐ N ☐ Report to State? Y ☐ N ☐				
Sampler Name (Print):									

Lab Use Only	LCR- Sample Point	Date	Time	Collector	Address, City, Zip
	1)				
	2)				
	3)				
	4)				
	5)				
	6)				
	7)				
	8)				
	9)				
	10)				

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 of the applicable service. 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.

Relinquished By:	Date:	Received By:	Date:	ADDITIONAL REMARKS:			
	Time:		Time:				
Relinquished By:	Date:	Received By:	Date:				
	Time:		Time:				
Relinquished By:	Date:	Received By:	Date:	Temperature at receipt:	Checked by:	On Ice?	Thermometer used:
	Time:		Time:		°C		Y N

† GAL cannot accept verbal changes. Please email changes to receiving@greenanalytical.com

* Chain of Custody must be signed in "Relinquished By:" as an acceptance of services and all applicable charges.