SOS ANALYTICAL

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CUSTODY TRANSFER RECORD

Lab ID # MI9506

SOS Project ID #

Received on ice: yes   no   n/a
Cooler Temp (°C) _____   Page _____ of _____

Client / Company Name :
Site Address :
City, State, Zip: County:
Project #   Well Permit/PWSID :

Sampler Name,Company :
Send Results To :
Address :
Phone :   Fax / E-mail :

Invoice To :
Address :

DW Sample Type:
- Routine ☐
- Repeat/Triggered ☐
- Repair/New Well ☐
- Special/Investigate ☐
- Other:

PO # :
Quote # :
Miscellaneous Information :

#	Sample Identification/Site Code	Collection Information Date	Time		# of Containers	Matrix DW, WW, GW, SW, Soil, Sludge	CL2 mg/L	Comments / Other Analysis	Analysis Information				
1			AM	PM		Grab / Comp			HCL	HNO3	H2SO4	NaOH	MEOH
2			AM	PM		Grab / Comp			HCL	HNO3	H2SO4	NaOH	MEOH
3			AM	PM		Grab / Comp			HCL	HNO3	H2SO4	NaOH	MEOH
4			AM	PM		Grab / Comp			HCL	HNO3	H2SO4	NaOH	MEOH
5			AM	PM		Grab / Comp			HCL	HNO3	H2SO4	NaOH	MEOH
6			AM	PM		Grab / Comp			HCL	HNO3	H2SO4	NaOH	MEOH
7			AM	PM		Grab / Comp			HCL	HNO3	H2SO4	NaOH	MEOH
8			AM	PM		Grab / Comp			HCL	HNO3	H2SO4	NaOH	MEOH
9			AM	PM		Grab / Comp							
10			AM	PM		Grab / Comp							
11			AM	PM		Grab / Comp							
12			AM	PM		Grab / Comp							
13			AM	PM		Grab / Comp							

RUSH Due
Call To Schedule

Relinquished by: Date: AM/PM Time:
Received by: Date: AM/PM Time:

Relinquished by: Date: AM/PM Time:
Received in lab by: Date: AM/PM Time:

THIS FORM IS A LEGAL DOCUMENT AND MUST BE FILLED OUT COMPLETELY. INCOMPLETE FORMS WILL DELAY RESULTS.