



# SGS NORTH AMERICA INC. CHAIN OF CUSTODY RECORD

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| SECTION 1 |  | CLIENT:              |  |                           |  |               | INSTRUCTIONS: SECTIONS 1-5 MUST BE FILLED OUT. OMISSIONS MAY DELAY THE ONSET OF ANALYSIS. |   |              |                                    |  |              |  |   |  |  | Page ____ of ____ |  |  |                 |  |
|-----------|--|----------------------|--|---------------------------|--|---------------|---|---|--------------|------------------------------------|--|--------------|--|---|--|--|-------------------|--|--|-----------------|--|
|           |  | CONTACT:             |  | PHONE #:                  |  |               | SECTION 3   |   | PRESERVATIVE |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
| SECTION 1 |  | PROJECT NAME:        |  | PROJECT/ PWSID/ PERMIT #: |  |               | #<br>C<br>O<br>N<br>T<br>A<br>I<br>N<br>E<br>R<br>S                                       | SAMPLE TYPE:<br><br>Comp<br>Grab<br>MI<br>(Multi-incremental) |              |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
|           |  | REPORTS TO:          |  | E-MAIL:                   |  |               |   |   |              |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
|           |  | INVOICE TO:          |  | QUOTE #:                  |  |               |   |   |              |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
| SECTION 2 |  | RESERVED FOR LAB USE |  | SAMPLE IDENTIFICATION     |  | DATE MM/DD/YY |   | TIME HH:MM  |              | MATRIX/ MATRIX CODE                |  |              |  |   |  |  |                   |  |  | REMARKS/ LOC ID |  |
|           |  |                      |  |                           |  |               |   |   |              |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
|           |  |                      |  |                           |  |               |   |   |              |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
|           |  |                      |  |                           |  |               |   |   |              |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
|           |  |                      |  |                           |  |               |   |   |              |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
|           |  |                      |  |                           |  |               |   |   |              |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
|           |  |                      |  |                           |  |               |   |   |              |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
|           |  |                      |  |                           |  |               |   |   |              |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
|           |  |                      |  |                           |  |               |   |   |              |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
|           |  |                      |  |                           |  |               |   |   |              |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
| SECTION 5 |  | RELINQUISHED BY: (1) |  | DATE                      |  | TIME          |   | RECEIVED BY:  |              | SECTION 4                          |  | DOD Project? |  | DATA DELIVERABLE REQUIREMENTS:                        |  |  |                   |  |  |                 |  |
|           |  | RELINQUISHED BY:(2)  |  | DATE                      |  | TIME          |   | RECEIVED BY:  |              | COC ID:                            |  |              |  |   |  |  |                   |  |  |                 |  |
|           |  | RELINQUISHED BY:(3)  |  | DATE                      |  | TIME          |   | RECEIVED BY:  |              | Cooler ID:                         |  |              |  | REQUESTED TURNAROUND TIME AND/OR SPECIAL INSTRUCTIONS |  |  |                   |  |  |                 |  |
|           |  | RELINQUISHED BY:(4)  |  | DATE                      |  | TIME          |   | RECEIVED FOR LABORATORY BY:                                   |              |                                    |  |              |  |   |  |  |                   |  |  |                 |  |
|           |  |                      |  |                           |  |               |   |   |              | TEMP BLANK °C:                     |  |              |  | CHAIN OF CUSTODY SEAL: (CIRCLE)                       |  |  |                   |  |  |                 |  |
|           |  |                      |  |                           |  |               |   |   |              | OR AMBIENT [ ]                     |  |              |  | INTACT    BROKEN    ABSENT                            |  |  |                   |  |  |                 |  |
|           |  |                      |  |                           |  |               |   |   |              | (See attached Sample Receipt Form) |  |              |  | (See attached Sample Receipt Form)                    |  |  |                   |  |  |                 |  |

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