US EPA Region 1
11 Technology Drive, N. Chelmsford, MA 01863

CHAIN OF CUSTODY RECORD

Page: ____ of ____

EPA Project No:	Project Name & Location:	Sampler's Name and Signature:

Matrix (insert letter in column below)

A. Drinking water
B. Ground/Well water
C. Storm water
D. Surface water
E. Wastewater
F. Soil/Sediment/Solid
G. Oil/Solvent/Liquid
H. Soil Gas
I. Air Canister
J. _____

Preservative (insert # in box to the right) --->

1. Ice
2. H_2SO_4, pH<2
3. HNO_3, pH<2
4. HCl, pH<2
5. $Na_2S_2O_3$
6. NaOH, pH>12
7. Ascorbic Acid
8. MeOH
9. Other _____
10. Other _____

Analysis Requested

For EPA Staff Only: If after hours or nobody is available, leave cooler(s) and signed COC in the walk-in fridge (Room 190A) and notify appropriate staff for next day check-in.

Sample ID	Date	Time	Comp	Grab	Matrix	# of Containers	Sample Specific Comments

Relinquished by: *(Signature)*	Received by: *(Signature)*	Date	Time	Remarks
Relinquished by: *(Signature)*	**Received by:** *(Signature)*	**Date**	**Time**	
Relinquished by: *(Signature)*	**Received for Laboratory by:** *(Signature)*	**Date**	**Time**	

Distribution: Original Accompanies Shipment. Copy to Coordinator Field Files.