



Safety Environmental Laboratories and Consulting, Inc.

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Environmental, Health, and Safety Solutions

Chain of Custody Form

Customer: _____
 Address: _____
 Phone: _____ Fax: _____
 E-mail: _____

Project Number: _____
 Project Name: _____
 Project Location: _____
 PO Number: _____

SELCC Proj. #: _____

Sample Type Water Other

| | Potable Water | Non-Potable Water |
|-----------------------|--|--------------------------------------|
| Tests/Analytes | <input type="checkbox"/> Legionella | <input type="checkbox"/> Legionella |
| | <input type="checkbox"/> Pseudomonas A | |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Turn Around Time Standard Other Call Lab

| Sample # | Date Sampled | Time Sampled | Sample Location | Volume | Potable | Non-Potable | SELCC USE ONLY | |
|----------|--------------|--------------|-----------------|--------|--------------------------|--------------------------|----------------|------|
| | | | | | | | # | Cond |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
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| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |

Sampled By:
 Signature _____

| Relinquished by: | | | Received By: | | |
|------------------|------|------|--------------|------|------|
| Signature | Date | Time | Signature | Date | Time |
| | | | | | |
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