



CHAIN OF CUSTODY RECORD

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Company Name and Address:	Account Number:	Phone Number:
	Contact Person:	Fax Number:
Billing Address (if different from above):	Name of Sampler:	Date Submitted:

Lab Use Only	Date Sampled	Time Sampled	Sample ID	Type	# of Bottles	Analysis Requested	Residual Chlorine

Picked Up By:	Date:	Received By:	Date:	Time:	Temp:	Comments:
	Time:					