

Inter-Mountain Labs, Inc.

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It is critical that IML has enough information to prepare your report to meet strict quality review processes. Therefore, please complete the Chain of Custody (COC) form with as much detailed information as possible - especially contact information - to ensure accurate analysis, reporting, and invoicing.

Provide as much contact information as possible. Include purchase order if required and quote if available. Provide as much information as possible so that the correct analyses will be performed.

All shaded fields must be completed.

Address where final report will be sent.

Address where invoice will be sent.

Information entered in "Sample Identification" will be used in the final report. Include all information necessary for unique sample identification.

Custody Record MUST include signature, date and time.


Specify required turnaround time. Prior notification is required for Rush and Urgent service.

Indicate whether data will be used in compliance monitoring report. Report format may depend on program selected.

Specify who will dispose of sample. Disposal of hazardous samples by IML will result in additional charges to client.

Use the "Remarks" area to document field measurements for samples and/or additional sample information.

Use the "Additional Remarks" area to document field observations and/or additional instructions to laboratory.



Inter-Mountain Labs
Sheridan, WY and Gillette, WY

- CHAIN OF CUSTODY RECORD -

All shaded fields must be completed.

This is a legal document; any misrepresentation may be construed as fraud.

Client Name: **Acme Environmental Company**

Report Address: **555 First Street, Springfield, WY 12345**

Invoice Address: **P.O. Box 123, Springfield, WY 12345**

Project Identification: **Main Street Project / AEC 1234**

Contact Name: **Bob Smith**

Email: **bsmith@email.com**

Phone: **(555) 555-5545**

Sampler (Signature/Attestation of Authenticity): **John Doe / John Doe**

Telephone #: **(555) 555-1212**

Quote #: **12345**

ITEM	LAB ID <small>(Lab Use Only)</small>	DATE SAMPLED	TIME	SAMPLE IDENTIFICATION	Matrix	# of Containers	ANALYSES / PARAMETERS										REMARKS				
							BTEXN (8/60)	TPH-GRO (80/15)	TPH-DRO (80/15)	NO ₂ , NO _x , SO ₄	pH, EC, TDS	Diss Fe, Mn	Total Cd, Cr, Pb	Pb	pH	EC	Temp	SWL			
1		01/01/11	8:00	MW-1	WT	6	x	x	x									7.1	1200	10.0	93.5
2		01/01/11	8:30	MW-2	WT	6	x	x	x					x				7.3	1100	9.4	104.0
3		01/01/11	9:00	MW-3	WT	7	x	x	x					x		x		7.8	1300	6.3	84.75
4		01/01/11	8:00	10104-FT	FT	1										x					
5		01/01/11	12:00	Runoff 1	WT	4						x		x	x						
6		01/01/11	15:35	Runoff 2	WT	4						x		x	x						
7		01/02/11	10:00	Truck 1	OT	2									x						Matrix - Oil
8		01/02/11	11:30	Site ABC 1" - 6"	SL	1						x			x						
9		01/02/11	13:30	Site ABC 6" - 12"	SL	1						x			x						
10																					
11																					
12																					
13																					
14																					

LAB COMMENTS	Relinquished By (Signature/Printed)	DATE	TIME	Received By (Signature/Printed)	DATE	TIME
	<i>John Doe</i> / John Doe	01/02/11	17:00	<i>Mary Jones</i> / Mary Jones	01/02/11	17:00

SHIPPING INFO	MATRIX CODES	TURN AROUND TIMES	COMPLIANCE INFORMATION	ADDITIONAL REMARKS
<input type="checkbox"/> UPS <input type="checkbox"/> Fed Express <input type="checkbox"/> US Mail <input checked="" type="checkbox"/> Hand Carried <input type="checkbox"/> Other	Water WT Soil SL Solid SD Filter FT Other OT	<input checked="" type="checkbox"/> Check desired service <input checked="" type="checkbox"/> Standard turnaround <input checked="" type="checkbox"/> RUSH - 5 Working Days <input type="checkbox"/> URGENT - < 2 Working Days <small>Rush & Urgent Surcharges will be applied</small>	Compliance Monitoring? Y Program (SDWA, NPDES, etc) UST PWSID / Permit # WY 123456 Chlorinated? N Sample Disposal: Lab X Client	Field conditions 01/01/11 Clear, Calm. Field conditions 01/02/11 Overcast, wind 10 mph

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