

Pace Analytical

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It is critical that Pace Analytical 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.

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.

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.

Pace Analytical
 Sheridan, WY and Gillette, WY

- CHAIN OF CUSTODY RECORD - Page **1** of **2**

All shaded fields must be completed.

#WEB 10101

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

Client Name Acme Environmental Company		Project Identification Main Street Project / AEC 1234		Sampler (Signature/Attestation of Authenticity) <i>John Doe / John Doe</i>		Telephone # (555) 555-1212												
Report Address 555 First Street Springfield, WY 12345		Contact Name Bob Smith		ANALYSES / PARAMETERS														
Invoice Address P.O. Box 123 Springfield, WY 12345		Email bsmith@email.com																
		Phone (555) 555-5545		Purchase Order # AEC 5678		Quote # 12345												
ITEM	LAB ID	DATE	TIME	SAMPLE IDENTIFICATION	Matrix	# of Containers	BTEXN (8260)	TPH-GRO (8015)	TPH-DRO (8015)	NO ₂ , NO ₃ , SO ₄	pH, EC, TDS	Diss Fe, Mn	Total Cd, Cr, Pb	Pb	REMARKS			
	(Lab Use Only)	SAMPLED														pH	EC	Temp
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					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 / John Doe</i>		01/02/11	17:00	<i>Mary Jones / Mary Jones</i>		01/02/11	17:00									
SHIPPING INFO		MATRIX CODES		TURN AROUND TIMES		COMPLIANCE INFORMATION		ADDITIONAL REMARKS										
<input type="checkbox"/> UPS		Water WT		<input type="checkbox"/> Check desired service		Compliance Monitoring? Y		Field conditions 01/01/11 Clear, Calm. Field conditions 01/02/11 Overcast, wind 10 mph										
<input type="checkbox"/> Fed Express		Soil SL		<input checked="" type="checkbox"/> Standard turnaround		Program (SDWA, NPDES, etc.) UST												
<input type="checkbox"/> US Mail		Solid SB		<input type="checkbox"/> RUSH - 5 Working Days		PWSID / Permit # WY 123456												
<input type="checkbox"/> Hand Carried		Filter FT		<input type="checkbox"/> URGENT - < 2 Working Days		Chlorinated? N												
<input type="checkbox"/> Other		Other OT		<i>Rush & Urgent Surcharges will be applied</i>		Sample Disposal: Lab <input checked="" type="checkbox"/> Client												