

## Summit County Public Health Environmental Laboratory Analysis Request/ Chain of Custody

Client Name		Project ID					Mati		Analyses Requested							Preservation Codes						
Client Address		Project Address					iter ater				Preservation and Filtration Codes 1=F								<b>1</b> = HCl	<b>6</b> = Thiosulfate		
Client Phone		Report To	Report To				undwa face wa												<b>2</b> = HNO3	7 = NaOH		
Client Email		Sampled By (print name and provide signature)				GW- groundwater SW- surface water		Total # of Containers										<b>3</b> = H2SO4	<b>8</b> = H3PO4			
Contact Person																		<b>4</b> = Na2SO3	<b>9</b> = EDA			
PWS ID		Facility ID					ater water												<b>5</b> = Field Filtered <b>10</b> = None			
#	Sample Identification/	Location	Colle	Collection		osite	WW- wastewater DW- drinking water	l	# of Co											Rush TAT Requested?  ☐ yes* ☐ no		
#	Sample Identification/	Location	Date	Time	Grab	Composite	WW-v	Other:	Total										If yes,			
1 2																			*Must be Approved by Lab Manager			
3 4												╬					Sample Receiving (For Lab Use Only)					
5																			Ice Present?			
6																			□ Yes	□ No		
7																		Proper Preservation?				
8														+			+		☐ Yes ☐ No Container Temperature:			
10														+			+		°C			
Notes/ Comments:								Relinquished by:				Date Time		Re	Received by:				Date	Time		
Re									elinquished by:				Date Time		Received by:				Date	Time		
Reporting/ Accreditation Requirements:  □ √ if for Ohio Drinking Water Compliance									elinquished by:				Time	Re	Received in Lab by:				Date	Time		
□ √ if Other Compliance (List State/ Program):									Method of Delivery													
									UPS Fed Ex Client SCPH Sampling Other													

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