

Inter-Mountain Labs, Inc.

www.intermountainlabs.com

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 Gillette, WY 82718 FAX: 307.686.3853

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.

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

Custody Record MUST include signature, date and time.

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.

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.

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#WEB 10101

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		Email bsmith@gmail.com		Phone (555) 555-5545	
Invoice Address P.O. Box 123 Springfield, WY 12345		Purchase Order # AEC 5678		Quote # 12345		ANALYSES / PARAMETERS	
ITEM	LAB ID <i>(Lab Use Only)</i>	DATE SAMPLED	TIME SAMPLED	SAMPLE IDENTIFICATION	Matrix	# of Containers	REMARKS
1		01/01/11	8:00	MW-1	WT	6	7.1 1200 10.0 93.5
2		01/01/11	8:30	MW-2	WT	6	7.3 1100 9.4 104.0
3		01/01/11	9:00	MW-3	WT	7	7.8 1300 6.3 84.75
4		01/01/11	8:00	10104-FT	FT	1	
5		01/01/11	12:00	Runoff 1	WT	4	
6		01/01/11	15:35	Runoff 2	WT	4	
7		01/02/11	10:00	Truck 1	OT	2	Matrix - Oil
8		01/02/11	11:30	Site ABC 1" - 6"	SL	1	
9		01/02/11	13:30	Site ABC 6" - 12"	SL	1	
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 <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 type="checkbox"/> Check desired service <input type="checkbox"/> Standard turnaround <input checked="" type="checkbox"/> RUSH - 5 Working Days <input checked="" type="checkbox"/> URGENT - < 2 Working Days <i>Rush & Urgent Surcharges will be applied</i>	Compliance Monitoring? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Program (SDWA, NPDES, ...) <input type="checkbox"/> UST <input checked="" type="checkbox"/> N PWSID / Permit # WY 123456 Chlorinated? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Sample Disposal: Lab <input checked="" type="checkbox"/> Client	Field conditions 01/01/11 Clear, Calm Field conditions 01/02/11 Overcast, wind 10 mph

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