

Chain of Custody

[Yellow Box] = Required Field

Lab ID - Sample ID (Required)		Sample Collection Date/Time (Required)		Local Time Zone (Required)																
PLEASE ATTACH THE PROVIDED BARCODE LABEL		Note: For Composite Samples, use the date/time collection started. ____/____/____ : ____ 24 HR FORMAT H H M M		_____ Example: CST																
Sample pH	Sample Conductivity	Total Suspended Solids	Sample Temp																	
_____	_____	_____	_____ <i>At time of collection. Specify unit</i>																	
Sample Source (Required)			Pretreatment																	
<input type="checkbox"/> Raw wastewater <input type="checkbox"/> Secondary sludge <input type="checkbox"/> Post grit removal <input type="checkbox"/> Secondary effluent <input type="checkbox"/> Primary sludge <input type="checkbox"/> Septage <input type="checkbox"/> Primary effluent <input type="checkbox"/> Holding tank <input type="checkbox"/> Other - Please specify your sample source below: _____			<input type="checkbox"/> No <input type="checkbox"/> Yes - Were any chemicals (ex. stabilizers, chlorine) added to the wastewater treatment train upstream of the sample collection point? Please specify: _____																	
Flow Rate in MGD (million gallons per day) (Required)			Storage Time (Before Shipping)																	
Wastewater volumetric flow rate at the sample collection location over the 24-hr period during which the sample was collected. If only an instantaneous flow measurement is available, it may be reported in units of million gallons per day. _____			_____ _____																	
Sample Collection Method (Required)			Storage Temp (If Stored Before Shipping)																	
<input type="checkbox"/> Grab <input type="checkbox"/> Composite:			_____ <i>Specify unit</i>																	
	<table border="1"><thead><tr><th></th><th>Manual</th><th>Time - Weighted</th><th>Flow - Weighted</th></tr></thead><tbody><tr><td>Duration (Hours)</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Frequency</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td></td><td># of sub samples</td><td># of sub samples per hour</td><td># of sub samples collected per million gallons of flow</td></tr></tbody></table>		Manual	Time - Weighted	Flow - Weighted	Duration (Hours)	_____	_____	_____	Frequency	_____	_____	_____		# of sub samples	# of sub samples per hour	# of sub samples collected per million gallons of flow			
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