EMSL ANALYTICAL, INC.
3 Cooper Street
Westmont, NJ 08108
609-858-9573
609-858-4571 (Fax)

Chain of Custody / Analysis Request Form

EMSL Project #_____
PO #_____
Sales Rep._____

Custody and Sample Information - Print ALL information. Put N/A in blanks not applicable.

1. Report to:	2. Bill to:	Project:
		Tel #:
		FAX #:

3. Sampled by (Signature)	4. # of Samples in Shipment	5. Date of Sample Shipment	6. Date Results Needed

Item no.	Sample Number	Station Location / Sample ID	COMP	GRAB	MATRIX					METHOD PRESERVED						SAMPLING		Number of Containers	Indicate Analysis Requested										Laboratory Number
					WATER	SOIL	AIR	SLUDGE	OTHER	HCl	HNO_3	H_2SO_4	ICE	NONE	OTHER	Date	Time												
1																													
2																													
3																													
4																													
5																													
6																													
7																													
8																													
9																													

Released by (Signature)	Date/Time Released	Delivery Method	Received by (Signature)	Company/Agency Affiliation	Date/Time Received	Condition Noted
	/				/	
	/				/	
	/				/	

Please indicate turnaround time: standard 10D 5D 72HR 48HR 24HR (Must call for quick turn)

Comments:

Please indicate reporting requirements:
1) Results only 2) Results & QC 3) Reduced Deliverables