

Chain of Custody

Standard Drinking Water Package Plus Coliform Bacteria

Please fill in all highlighted fields

Customer Name: _____ **Phone:** _____

Address: _____ **Email:** _____

NEL ID# (Lab use only) _____

Sample Description (i.e. Kitchen sink): _____

Collected Date: _____ **Collected Time:** _____ **AM/PM**

<i>Preservation:</i>	<i>Bottle:</i>	<i>Analysis:</i>
4°C	500mL plastic	Alkalinity, Conductivity, pH, F, Cl, NO ₂ , NO ₃ , PO ₄ , SO ₄
HNO ₃ @ Lab	125mL plastic	As, Pb, Fe, Mn, Na, Ca, Mg, Hardness
4°C	sterile 100mL plastic	Total Coliform P/A & E. Coli P/A

Collected by: _____

Relinquished by: _____

Received by: _____

Date & Time: _____