AIRL INC
1550 37th Street, NE - Cleveland, TN 37312
Phone: 423.476.7766 - Fax: 423.476.7714

Send The Report To:

Company:
Attn:
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Send Invoice to:

Chain of Custody Record

Lab Number (s):

Page: ____ Of ____

Project Site:
Project #:
Site Name:
Collected By:

Analysis:

PO #:
Report Due Date:
Verbal / Fax / Hard Copy / Email / Other:

Field Sample ID:	Rush Factor:	Sample Matrix	Sample Date	Sample Time	No. Containers											**Remarks:**	**R CL**	**Presv.**	**pH**

Remarks:

Relinquished By: **Date:** **Time:**

Received By:	**Date:**	**Time:**	**Relinquished by:**	**Date:**	**Time:**	**Received By:**	**Date:**	**Time:**	**Relinquished by:**	**Date:**	**Time:**

☐ Disposal By Laboratory ☐ Return to Originator Archive: ____ ☐ Months

LAB USE ONLY

Received for lab by:	**Date:**	**Time:**	**Opened by:**	**Date:**	**Time:**	**Temp°**	**Condition**

Remarks: