

Submission Code:

Orders:

Entered to Iims:

International Analytical Group CHAIN OF CUSTODY RECORD (DEP 62-770.900 (modified form))

5555 Hollywood Boulevard, Suite 301 Hollywood Florida 33021
Ph: 954-894-4023. Fax 954-894-4501

Original - Return w/Report

Yellow - Lab Copy

Pink - Sampler Copy

FDEP Facility No. FLA042595

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Sampling CompQAP NO.

Approval Date:

Report To (Company Name):

Report To Address:

Invoice to (Company Name): **International Analytical Group, Inc.**

Billing Address

Project Number/Name:

Site Location:

Project Manager (Report Attn):

Phone:

FAX:

Alternate Contact:

Phone:

FAX:

Sampled By (print):

Sampler's Signature:

I T E M	SAMPLE ID	DATE COLLECTED	TIME COLLECTED	pH	TEMP	COND	DIS	MATERIALS	SAMPLE LOCATION/ JOB DESCRIPTION (optional if needed when samples are from different site locations)	#	ANALYSIS REQUIRED						Sample Condition as Received:
											PLACE NAME OR METHOD NUMBER OF TESTS NEEDED IN LARGE BOXES BELOW. (T) CHECK OFF WHICH SAMPLE ITEMS NEED EACH TEST PERFORMED						Temp _____ C
					BC							Lot Number of Sampling Containers Used
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	

Special Comments:

Total # of Containers:

QA/QC Report Needed? Yes No (See price guide for applicable fees)

Report Format: Standard Other (specify)

(1) Relinquished by Signature/Company:

Date/Time:

(3) Relinquished by Signature/Company:

Date/Time:

DUE DATE REQUESTED:

(1) Received by Signature/Company:

Date/Time:

(3) Received by Signature/Company:

Date/Time:

RUSH CONFIRMATION #

(2) Relinquished by Signature/Company:

Date/Time:

(4) Relinquished by Signature/Company:

Date/Time:

Misc. Charges:

(2) Received by Signature/Company:

Date/Time:

(4) Received by Signature/Company:

Date/Time:

SHADED AREAS ARE FOR LAB USE ONLY