

**CHAIN OF CUSTODY RECORD** 

85 Port Rd, Lower Hutt

(Please ensure all information is entered legibly and all entries are made with waterproof, permanent ink)

## **SAMPLE INFORMATION** (to be completed by sender)

## **ELS SAMPLE RECEIPT INFORMATION**

YOUR COM	YOUR NAME					Received By:						
Your Address			PHONE	PHONE					Date Received: Date Due: Client Manager: Job Manager:			
			FAX	FAX								
NAME OF SAMPLER DATE SENT			EMAIL A	EMAIL ADDRESS:				ORDER NUMBER:	Phone: Fax:		04 576 5016 04 576 5017	
CLIENT SAMPLE ID	SAMPLE DESCRIPTION/ LOCATION/SITE			IPLING ATE	TIME SAMPLED	TOTAL No. OF BOTTLES	ANA	ALYSIS REQUIRED	MATRIX CODE	SAMPLE REMARKS		ELS SAMPLE NUMBER
LAB COMMENTS						CONDITIONS UPON RECEIPT: (check one)lcedAmbient or°C Upon Receipt (if Temp Requested)						

MATRIX CODES: DW = DRINKING WATER SW = SURFACE WATER SL = Soil GW = GROUNDWATER

EF = EFFLUENT

SD = Solids

AF = Air Filter TW = Trade Waste

I have read, understood and agree with the Terms and Conditions Document of ELS I agree to ELS performing the Analyses as described by me above

Signed ......Date....