



SINCE 1985  
Quality Controlled Through Analysis

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# CHAIN OF CUSTODY

Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Lab Number \_\_\_\_\_

CONTACT NAME: _____  COMPANY: _____  ADDRESS: _____  _____	PROJECT NAME: _____  CONTRACT/PURCHASE ORDER/QUOTE #: _____  PHONE: _____  FAX: _____	<b>TESTS</b> 
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Sample No. Identification	Date MM / DD / YY	Time	Lab Sample Number	SAMPLE TYPE			Number of Containers	TESTS						Sample Condition REMARKS	
				LIQ.	GAS	SOLID									

SAMPLERS:(Signature)	Received by:(Signature)	Date	Time	
Relinquished by:(Signature)	Received by:(Signature)	Date	Time	
Relinquished by:(Signature)	Date	Time	Received for Laboratory by:	Date RECEIVED Time

Method of Shipment:	<b>SAMPLE DISPOSITION:</b> 1. Storage time requested: _____ days (Samples will be stored for 30 days without additional charges; thereafter storage charges will be billed at the published rates.) 2. Sampler to be returned to client: <b>Y</b> <b>N</b>
Special Instructions:	