CHAIN OF CUSTODY RECORD / ANALYTICAL SERVICES AGREEMENT

Mail Original Report to: _____
Attn: _____
Address: _____
City/State/Zip: _____
Telephone #: _____ **Fax #:** _____
Email: _____

Mail Invoice to: _____
Attn: _____
Address: _____
City/State/Zip: _____
Telephone #: _____ **Fax #:** _____
Project ID #: _____
P.O. #: _____ **Quote #** _____
Sampler: _____

Report also by	**Fax**	☐	**PDF**	☐	**EDD**	☐
Standard 10 working days	**Yes**	☐	**No**	☐		
UST Analyses per Fee Schedule	**Yes**	☐	**No**	☐		
Report chromatograms	**Yes**	☐	**No**	☐		

Report Results by: _____ **(date)****

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4036 Youngfield Street
Wheat Ridge, Colorado 80033
(303) 425-6021
FAX (303) 425-6854
(877) 737-4521
e-mail info@evergreenanalytical.com

NOTE: *Identify Known Hazards Below*

Rush Turn Around Time

** Subject to surcharge & exceptions noted in fee schedule.

☐ less than 24 hrs, +150%*
☐ 1 -2 work days, +100%*
☐ 3 -5 work days, +50%
☐ 6 - 9 work days, +25%

* Not all tests are available for this TAT

SAMPLE IDENTIFICATION	DATE SAMPLED	TIME	No. of Containers	MATRIX: Drinking Water	Discharge Water	Ground Water	Soil	Sludge	Other (specify):	ANALYSES																		
									Sample Fraction																			Loc

Instructions:

Anions (check): ☐ Nitrate ☐ Nitrite ☐ Chloride ☐ Sulfate ☐ Bromide ☐ O-Phosphate ☐ Fluoride

Relinquished by: (*Signature*)	Date/Time	Received by: (Signature)	Date/Time
Relinquished by: (*Signature*)	Date/Time	Received by: (Signature)	Date/Time

For Laboratory Use Only

W.O. #	_____	Seals Present	Y/N/NA
B.O.F. #	/	Samples Preserved	Y/N/NA
C/S (O)	/	Headspace	Y/N/NA
C/S (I)	/	Ice	Y/N
Temp C	_____	By	_____