

# AR LABORATORIES, Inc.

## Chain of Custody Record

AR Lab Job # \_\_\_\_\_

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Project No:							Project Name:							Please Circle Analyses Requested										Turn-Around Time	
Project Manager:							Phone:			Fax:				<input type="checkbox"/> 24 Hr. RUSH* <input type="checkbox"/> 48 Hr. RUSH* <input type="checkbox"/> Normal TAT  *Requires PRIOR approval, additional charges apply  Requested due date: _____											
Client Name: <small>(Report and Billing)</small>							Address: <small>(Report and Billing)</small>																		
Centrum ID <small>(Lab use only)</small>	Sample ID <small>(As it should appear on report)</small>	Date sampled	Time sampled	Sample matrix	Site location	Containers: # and type	8015M: Diesel, Fuel Screen, Carbon Chain	8015M: Gas only	8021B: BTEX/MtBE Only	418.1 (TRPH), 413.2, 1664	GC or GCMS Volatiles by 5035*	GCMS: 8260B, 8021B, 624, 524.2	GCMS: MtBE Conf. Only, BTEX/Oxygenates Only	GCMS: 8270C, 625	8080: Pesticides, PCBs, Pest/PCB	Metals: Title 22 (CAM), RCRA, PP	pH, TDS, TSS, Conductivity	Flashpoint, Hex Cr	Remarks/Special Instructions						
1) Relinquished by: (Sampler's Signature)			Date:	Time:	3) Relinquished by:			Date:	Time:	To be completed by Laboratory personnel:  Samples chilled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> From Field Custody seals? <input type="checkbox"/> Yes <input type="checkbox"/> No  All sample containers intact? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Courier <input type="checkbox"/> UPS/Fed Ex <input type="checkbox"/> Hand carried										Sample Disposal					
2) Received by:			Date:	Time:	4) Received by:			Date:	Time:											<input type="checkbox"/> Client will pick up <input type="checkbox"/> Return to client <input type="checkbox"/> Lab disposal					
The delivery of samples and the signature on this chain of custody form constitutes authorization to perform the analyses specified above under the Terms and Conditions set forth on the back hereof.						5) Relinquished by:			Date:											Time:	Sample Locator No.				
Laboratory Notes:						6) Received for Laboratory by:			Date:	Time:															