



# CHAIN-OF-CUSTODY / Analytical Request

Environmental Testing Solutions, Inc.  
 PO Box 7565, Asheville, NC 28802  
 Phone: (828) 350-9364, Fax: (828) 350-9368

Client Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Report to: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 PO Number: \_\_\_\_\_

Project Name: \_\_\_\_\_  
 Project Number: \_\_\_\_\_

Item Number	Sample Identification	G = Grab, C = Composite	Sample Number ETS Use Only	Matrix: Water, Solid, Liquid	Date Collected (MM/DD/YY)	Time Collected (HH:MM)	# Containers	Preservatives						Requested Analyses			Field Temp. (°C)	Comments	
								Unpreserved	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NaOH + Ascorbic	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>						
1																			
2																			
3																			
4																			
5																			
6																			
Sample Condition Upon Receipt		Relinquished By		Company		Date		Time		Accepted By			Company		Date		Time		
Temperature (°C)																			
Received on Ice:		Y / N																	
Sealed Cooler:		Y / N																	
Samples Intact:		Y / N																	
Additional Comments:										Sampler Name and Signature						Date			
										Printed Name of Sampler:									
										Signature of Sampler:									