# Appendix H

## Example of Microbiological Lab Chain of Custody Form

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|---|---|
| ACME Inc. Lab, 101 Roadrunner Ave. Truth or Consequences, NM 87901, 505-555-1234 email: acmelab@gmail.com    Lab ID # NM123 | |
| Test Method: SM 9223 B | Lab Sample ID #: |
| Water Supply System Name: | WSS Code No. (5 digits): NM35### |
| Chlorine Yes/No    Free: _____mg/l    Total: _____mg/l | Compliance Sample: Yes or No |

**Please select the "Type" of sample this is from one of the Six selections below and fill out the information for your selection (all boxes must be filled out completely). Only one selection per sample submitted.**

| 1. Routine | Sample Point ID: RT _ _ _ | Location: |
|---|---|---|

| 2. Repeat | Sample Point ID: RP _ _ _ _ | Location: | |
|---|---|---|---|
| | Original Sample ID# | | |

| 3. GW Triggered Source | Source Facility ID# _ _ _ _ _ _ _ _ | Source Facility Name: | |
|---|---|---|---|
| | Original Sample ID# | | Sample Point ID# SP _ _ _ _ _ _ _ _ 1 |

| 4. GW Repeat | Source Facility ID# _ _ _ _ _ _ _ _ | Source Facility Name: | |
|---|---|---|---|
| | Triggered Source Sample ID# | | Sample Point ID# SP _ _ _ _ _ _ _ _ 1 |

| 5. E-Coli Enumeration (LT2) | Facility ID# _ _ _ _ _ _ _ _ | Facility Name: |
|---|---|---|
| | Turbidity (NTU) _____ | |

| 6. Special | Facility ID# _ _ _ _ _ _ _ _ | Location: | |
|---|---|---|---|
| **FIELD SAMPLE DATA & REMARKS** | pH: | Conductivity (µS/cm): | Temp. (°C): |
| Comments: | | | |
| Collected By: | Operator ID# | Phone | Date: |
| | | | Time: |

| **Relinquished By:** | | **Received By:** | |
|---|---|---|---|
| Name (print) | Date: | Name (print) | Date: |
| Signature | Time: (24 hr) | Signature | Time: (24 hr) |
| Name (print) | Date: | Name (print) | Date: |
| Signature | Time: (24 hr) | Signature | Time: (24 hr) |
| **SAMPLE RECEIPT CONDITION** | Temp (°C): | Custody Seals: Yes/ No | Seals Intact: Yes/ No |
| Ice Yes/ No: | Comment | | |

| **Test** | | | **Test Results** | |
|---|---|---|---|---|
| Start | Date: | Time: | Volume Assayed:    ml | |
| | | | TC (P/A): | EC (P/A): |
| Finish | Date: | Time: | EC Enumeration: (per 100 ml) | |

First Analyst: _____ Date: _____ Time: _____

Reviewer: _____ Date: _____ Time: _____

## Example of Chemical Lab Chain of Custody Form

# Appendix H

| Chain of Custody Record | | | | | Lab Name: | | | |
|---|---|---|---|---|---|---|---|---|
| WSS Name: | | | | | Lab ID # | | | |
| WSS #: | | | | | Lab Address | | | |
| Phone Number: | | | | | Phone number: xxx-xxx-xxxx email: | | | |
| email: | | | | | Date: | Time: | Relinquised By | |
| QA/QC Package: ☐ Standard ☐ Level 4 | | | | | | | Name (print) | |
| Accreditation: ☐ NMED DWLCP | | | | | | | Signature | |
| ☐ NELAC ☐ A2LA ☐ Other | | | | | | | Name (print) | |
| ☐ Data Delivery (Type) | | | | | | | Signature | |
| Turn Around Time ___ Standard ___ Rush | | | | | Date: | Time: | Recieved By | |
| Project Name: | | | | | | | Name (print) | |
| Project #: | | | | | | | Signature | |
| Project Manager: | | | | | | | Name (print) | |
| Sampler: | | | | | | | Signature | |
| Sampler ID Number: | | | | | On Ice (Y/N): Custody Seal Intact(Y/N): | | | |
| Phone Number: | | | | | # of coolers: # of containers: | | | |
| email: | | | | | Cooler Temp: | | | |
| Compliance Sample (Y/N): | | | | | Chlorine (Y/N): Free: mg/L Total: mg/L | | | |

| Date: | Time: | Matrix | Location | Sample # | pH | temp | (μS/cm) | Analysis Method(s)/Preservative |
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Remarks: