



# Appendix H

## Example of Microbiological Lab Chain of Custody Form

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:
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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:
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<b>FIELD SAMPLE DATA &amp; REMARKS</b>	pH:	Conductivity (µS/cm):	Temp. (°C):
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Comments:			
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Collected By:	Operator ID#	Phone	Date: Time:
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<b>Relinquished By:</b>		<b>Received By:</b>	
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)

<b>SAMPLE RECEIPT CONDITION</b>	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: \_\_\_\_\_

