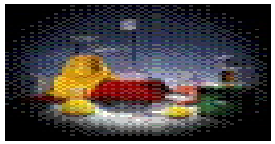
DAT Laboratory

7715 Corporate Blvd.
Plain City, OH 43064

phone 614-873-0710 fax 614.873.0810 e-mail datlab@datlab.com

Chain of Custody



Client Contact	Project Manager:	e-mail:	Date:	COC No: e-
Company Name:	Tel/Fax/e-mail:	Lab Contact: R.K. Mitchum	Carrier:	_____ of _____ COCs
Address	Analysis Turnaround Time			
City/State/Zip				DAT LAB Use Only:
(xxx) xxx-xxxx Phone	TAT if different from Below : _____			
(xxx) xxx-xxxx FAX	☐ 2 weeks- Normal			
Project Name:	☐ 1 week- up charge			
Site:	☐ 2 days-check availability			Project#
P O #	☐ 1 day- check availability			Rpt Level:(I,II,III,IV)

Field Sample ID	Sample Date	Sample Time	Sample Type (T=Train, G=Grab)	Matrix	# of Items	Preservation(1 thru 8)	Compounds or Analysis enter above	Sample Info: List field notes or other sample info

Preservation Used: 1= None, 2= Ice; 3= HCl; 4=HNO3; 5=H2SO4; 6=NaOH; 7=Sulfite; 8= Other _____

Possible Hazard Identification:

If the sample is a listed waste, it will be returned after analysis. List EPA Waste Codes.

☐ Non-Hazard ☐ Flammable ☐ Corrosive ☐ Toxic ☐ Unknown

Sample Archival (Default Sample Retention is 3 months cold)

☐ Return to Client $$ ☐ Disposal by Lab ☐ Archive for_____ Months-default 3 months

Special Instructions/MS/MSD and Report Level Requirements & Other Comments:

Custody Seals: ☐ Yes ☐ No

Cooler Temp. (°C): _____

Relinquished by:	Company:	Date/Time:	Received by:	Company:	Date/Time:
Relinquished by:	Company:	Date/Time:	Received by:	Company:	Date/Time:
Relinquished by:	Company:	Date/Time:	Received in Laboratory by:	Company:	Date/Time: