

APPENDIX E

CHAIN OF CUSTODY RECORD

Company Name: Address:	Location Name: Address:	UST Facility I.D. Number::
-------------------------------	--------------------------------	----------------------------

Sampler Name:	Sampler Signature:
---------------	--------------------

Number of coolers:	Required Due Date (mm-dd-yy):
--------------------	-------------------------------

Sample Identification	Type of Container	Collection						Analysis Required	Lab Number
		No. of Containers	Date	Time	Initials	Comp-C Grab-B	Soil-S Water-W		

REMARKS

Relinquished by:	Date/Time:	Accepted by:	Date/Time:	Relinquished by:	Date/Time:	Accepted by:	Date/Time:
Relinquished by:	Date/Time:	Accepted by:	Date/Time:	Relinquished by:	Date/Time:	Accepted by:	Date/Time: