

Fund 1000 Dept 560 Unit RED Program GCR Permits Function GFCR



CHAIN OF CUSTODY

Unified State Laboratories: Public Health
Bureau of Chemical and Environmental Services

4431 S 2700 W Taylorsville, UT 84129-8600
801 965 2400 Fax 801 969 3238
http://health.utah.gov/lab/chemistry

- Hand Delivered
- Shipped Samples
- Cooler Returned

kenhoffman@utah.gov

| | | | | | | | | | | |
|--|--|---|-----------------------------------|--------------------------------|-----------------|------------------------|-----|-------------------------|--|-----------------------------------|
| System/Agency Name: DOGM | | System/Agency Number: WT1177 | | Cost/Project Code: | | REQUESTED TESTS | | Received Date and Time: | | |
| REPORTING/CONTACT Attn _____ Address _____ City, State, Zip _____ Phone _____ Fax _____ Email _____ Submitted By _____ | | BILLING (list if different) Special Code _____ Attn _____ Address _____ City, State, Zip _____ Phone _____ Fax _____ | | | | | | Total iron Sulfate | | Receipt temperature Receipt pH |
| COLLECTION POINT DESCRIPTION | | Collectors Initials | Collection Date (mm/dd/yy) | Collection Time (24 hr) | COMMENTS | | | | Sample Receipt Conditions Yes No <input type="checkbox"/> <input type="checkbox"/> Documentation complete <input type="checkbox"/> <input type="checkbox"/> Proper containers and in-date <input type="checkbox"/> <input type="checkbox"/> Containers intact <input type="checkbox"/> <input type="checkbox"/> Within holding time <input type="checkbox"/> <input type="checkbox"/> Coolant <input type="checkbox"/> <input type="checkbox"/> Temperature within-range <input type="checkbox"/> <input type="checkbox"/> Acceptable pH <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Custody Seals Intact | |
| 002 | | KRH/SM | 7/30/13 | 11:50 | | | X X | | LAB NUMBER 201303982 08/01/2013 16:49 | |
| Pre 002 | | KRH/SM | 7/30/13 | 12:02 | | | X X | | 201303983 08/01/2013 16:49 | |
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|----------------------------|----------------|------------------------|--------------------|
| Dispatched By: | Date and Time: | Courier Company Name: | Invoice/Airbill #: |
| Relinquished By: | Date and Time: | Received by: | Date and Time: |
| Relinquished to USL:PH by: | Date and Time: | Received at USL:PH by: | Date and Time: |
| | 8-1-13 16:49 | | 8-1-13 16:49 |