



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

# CHAIN OF CUSTODY

- Hand Delivered
- Shipped Samples
- Cooler Returned

System/Agency Name: <i>Division Oil, Gas &amp; Mining</i>		System/Agency Number: <i>WT1177</i>		Cost/Project Code: <i>907B</i>		<b>REQUESTED TESTS</b>				Received Date and Time:																																																											
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>REPORTING/CONTACT</b></td> <td style="width: 50%;"><b>BILLING (list if different)</b></td> </tr> <tr> <td>Attn: _____</td> <td>Special Code: _____</td> </tr> <tr> <td>Address: _____</td> <td>Attn: _____</td> </tr> <tr> <td>City, State, Zip: _____</td> <td>Address: _____</td> </tr> <tr> <td>Phone: _____</td> <td>City, State, Zip: _____</td> </tr> <tr> <td>Fax: _____</td> <td>Phone: _____</td> </tr> <tr> <td>Email: _____</td> <td>Fax: _____</td> </tr> <tr> <td>Submitted By: _____</td> <td></td> </tr> </table>				<b>REPORTING/CONTACT</b>	<b>BILLING (list if different)</b>					Attn: _____	Special Code: _____	Address: _____	Attn: _____	City, State, Zip: _____	Address: _____	Phone: _____	City, State, Zip: _____	Fax: _____	Phone: _____	Email: _____	Fax: _____	Submitted By: _____		<i>T-FE</i> <i>SO4</i>		Receipt temperature		Receipt pH		<table border="0" style="width: 100%;"> <tr> <td colspan="4" style="text-align: center;">Sample Receipt Conditions</td> </tr> <tr> <td style="text-align: center;">Yes <input checked="" type="checkbox"/></td> <td style="text-align: center;">No <input checked="" type="checkbox"/></td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2">Documentation complete</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">Proper containers and in-date</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">Containers intact</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">Within holding time</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">Coolant</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">Temperature within-range</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">Acceptable pH <input checked="" type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td colspan="2">Custody Seals Intact</td> </tr> </table>				Sample Receipt Conditions				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Documentation complete		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper containers and in-date		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Containers intact		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Within holding time		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coolant		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temperature within-range		<input type="checkbox"/>	<input type="checkbox"/>	Acceptable pH <input checked="" type="checkbox"/> N/A	
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<b>COLLECTION POINT DESCRIPTION</b>		Collectors Initials	Collection Date (mm/dd/yy)	Collection Time (24 hr)	COMMENTS							<b>LAB NUMBER</b>																																																									
<i>002</i>		<i>KRH</i>	<i>01/28/14</i>	<i>9:15</i>	<i>Tex / Tex</i>	<i>X</i>	<i>X</i>	<i>4.4</i>	<i>4.4</i>	<i>NA</i>	 <i>201400697</i> <i>02/20/2014 14:46</i>																																																										
<i>PRE - 002</i>		<i>KRH</i>	<i>01/28/14</i>	<i>9:20</i>	<i>Tex / Tex</i>	<i>X</i>	<i>X</i>	<i>4.1</i>	<i>4.7</i>	<i>NA</i>	 <i>201400698</i> <i>02/20/2014 14:46</i>																																																										

Dispatched By:	Date and Time:	Courier Company Name:	Invoice/Airbill #:
Relinquished By: <i>Karl R. Hauskeper</i>	Date and Time: <i>2/19/14 11:45 am</i>	Received by: <i>[Signature]</i>	Date and Time: <i>2/19/14 11:45 am</i>
Relinquished to USL:PH by: <i>[Signature]</i>	Date and Time: <i>2/20/14 2:44 pm</i>	Received at USL:PH by: <i>[Signature]</i>	Date and Time: <i>2-20-14-1446</i>

*no seals present at time of receipt  
no to tags indicated for the samples received. Emailed ken  
Added T-FE & SO4*