



UTAH DEPARTMENT OF

HEALTH

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

| System/Agency Name: <i>Division of Oil Gas & Mining</i> | | System/Agency Number: | | Cost/Project Code: | | REQUESTED TESTS | | Received Date and Time: | |
|--|---------------------|------------------------------------|-------------------------|--------------------|---|------------------------|----|-------------------------|------------|
| REPORTING/CONTACT | | BILLING (list if different) | | | | | | Receipt temperature | Receipt pH |
| Attn: _____ Special Code: _____ | | Attn: _____ | | | | Yes | No | | |
| Address: _____ | | Address: _____ | | | | | | Tire SO4 | |
| City, State, Zip: _____ | | City, State, Zip: _____ | | | | | | | |
| Phone: _____ | | Phone: _____ | | | | | | | |
| Fax: _____ | | Fax: _____ | | | | | | | |
| Email: _____ | | | | | | | | | |
| Submitted By: _____ | | | | | | | | | |
| COLLECTION POINT DESCRIPTION | Collectors Initials | Collection Date (mm/dd/yy) | Collection Time (24 hr) | COMMENTS | | | | | |
| 002 | KRH | 09/19/14 | 10:05 | | ✓ | ✓ | | | |
| PRE-002 | KRH | 09/19/14 | 10:10 | | ✓ | ✓ | | | |
| | | | | | | | | | |
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LAB NUMBERED

201404275
 09/16/2014 15:41

201404276
 09/16/2014 15:41

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|---|-------------------------------------|---|-------------------------------------|
| Dispatched By: | Date and Time: | Courier Company Name: | Invoice/Airbill #: |
| Relinquished By: <i>Paul H. Huesbecker</i> | Date and Time: <i>9/16/14 13:00</i> | Received by: <i>[Signature]</i> | Date and Time: <i>9/16/14 13:00</i> |
| Relinquished to USL:PH by: <i>[Signature]</i> | Date and Time: <i>9/16/14</i> | Received at USL:PH by: <i>[Signature]</i> | Date and Time: <i>9-16-14 15:40</i> |

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| System/Agency Name: <i>Division Oil Gas Mining</i> | | System/Agency Number: | | Cost/Project Code: | | REQUESTED TESTS | | | | Received Date and Time: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REPORTING/CONTACT | | BILLING (list if different) | | | | | | | | Receipt temperature | Receipt pH | Sample Receipt Conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attn: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ Email: _____ Submitted By: _____ | | Special Code: _____ Attn: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ | | | | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> <td colspan="4"></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Documentation complete</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper containers and in-date</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Containers intact</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Within holding time</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Coolant</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Temperature within-range</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">Acceptable pH</td> <td><input type="checkbox"/></td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Custody Seals Intact</td> </tr> </table> | | | | | | 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 | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLLECTION POINT DESCRIPTION | Collectors Initials | Collection Date (mm/dd/yy) | Collection Time (24 hr) | COMMENTS | | Receipt temperature | Receipt pH | T A R N I M B E R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>002</i> | <i>KIT</i> | <i>9/15/14</i> | <i>10:08</i> | <i>✓ ✓</i> | | | |  201404277 09/16/2014 15:41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>PRE-002</i> | <i>KIT</i> | <i>9/15/14</i> | <i>10:15</i> | <i>✓ ✓</i> | |  201404278 09/16/2014 15:41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|--|-------------------------------------|--|-------------------------------------|
| Dispatched By: _____ | Date and Time: _____ | Courier Company Name: _____ | Invoice/Airbill #: _____ |
| Relinquished By: <i>[Signature]</i> | Date and Time: <i>9/16/14 13:00</i> | Received by: <i>[Signature]</i> | Date and Time: <i>9/16/14 15:00</i> |
| Relinquished to USL PFI by: <i>[Signature]</i> | Date and Time: <i>9/16/14</i> | Received at USL PFI by: <i>[Signature]</i> | Date and Time: <i>9-16-14 1540</i> |