



SPECTRUM ANALYTICAL, INC.
Featuring
HANIBAL TECHNOLOGY

MA Public Water Supplier CHAIN OF CUSTODY RECORD

Page _____ of _____

Special Handling:

- Standard TAT - 7 to 10 business days
- Rush TAT - Date Needed: _____
- All TATs subject to laboratory approval.
Min. 24-hour notification needed for rushes.
- Samples disposed of after 60 days unless otherwise instructed.

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|--|---|--|
| Report To: _____ _____ _____ Project Mgr. _____ Telephone #: _____ | Invoice To: _____ _____ _____ P.O. No.: _____ RQN: _____ | PWS ID: _____ PWS Name: _____ City/Town: _____ State: _____ Sampler(s): _____ |
|--|---|--|

| 1=Na ₂ S ₂ O ₃ 2=HCl 3=H ₂ SO ₄ 4=HNO ₃ 5=NaOH 6=Ascorbic Acid 7=CH ₃ OH 8= NaHSO ₄ 9= _____ 10= _____ 11= _____ | | | | | | | | | | | List preservative code below: | | | | | Chlorinated? Y/N | Residual Chlorine | Notes: |
|---|------------------|--------------|-------|-------|--------|---------------------|--|------------------|------------------|--------------|-------------------------------|--|--|--|---|---------------------|-------------------|--------|
| RS=Routine Sample RW=Raw Water PT=Plant Tap Sample SS=Special RO=Original Site Repeat UR=Upstream Repeat DR=Downstream Repeat DW=Drinking Water GW=Groundwater SW=Surface Water G=Grab C=Composite | | | | | | Containers: | | | | Analyses: | | | | | Submit Results to MADEP via eDEP Online Filing? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>* All bolded fields must be complete for eDEP submission.</i> | | | |
| Lab Id: | Sample Location: | Date: | Time: | Type | Matrix | Routine Indicator | # of VOA Vials | # of Amber Glass | # of Clear Glass | # of Plastic | | | | | | | | |
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| Relinquished by: | | Received by: | | Date: | Time: | Temp ^o C | <input type="checkbox"/> EDD Format _____ <input type="checkbox"/> E-mail to _____ <input type="checkbox"/> Ambient <input type="checkbox"/> Iced <input type="checkbox"/> Refrigerated <input type="checkbox"/> Fridge blank temp ____ °C | | | | | | | | | | | |