GBRA COC Form Qualtrax ID: 17988



## **Chain-Of-Custody Record**

	0 1	N AC	COAL	1
0		4		110
CAR			3	1 =
A C				<b>S</b> =

Report To Customer Acct.#:					Invoice To (if applicable)							
Name:					Name:							
Address:						Address:						
Phone #:						Phone #:						
Email:					Email:							
Thermometer #: Observed / Corrected Temp(°C): /					I	Chlorine Check Reagent ID: Chlorine : Absent/ P					sent	
Sample Iced (Circle One): Yes / No CoC Page: of					of	pH Paper Reagent ID:						
No. of Containers: Containers Intact (Circle One): Yes / No				Residual Chlorine (Total/Free) Results:								
Date Collected	Time Collected	Matrix	Sx Vol. P=Plastic G=Glass A=Amber	Sample Name/Description	Preservation ID (PID#)/ TCEQ ID Number	Grab / Comp.	Analysis Requested	GBRA Sample ID	pН	Preservative	Sub Out	
	Matrices:	WW=Was	tewater, DW=I	Drinking Water, SW=Surface Water, S=Slu	ıdge/Soil	Samples	marked above as "Sub Out" will be subd requirem	ontracted to a laboratory that ents of these samples	t meets the	regulatory or en	nd-user	
			Expedite Sa	mples: 24hr/Holiday (4x Fee) 4	l8hr/Weekend (3x Fee)	3-5 days	(2x Fee) Due Date:	·				
Sampler Name (	Print):					Sampler Sig	nature:					
Relinquished By:					Date/Time:	Transferred To:			Date/Time:			
•					Date/Time:	Received By: Date/Time:			:			
Relinquished By:					Date/Time:	Received By:			Date/Time:			
Relinquished By:					Date/Time:	Received By:			Date/Time:			
NOTES / COMM +pH tested at su												

Status: Published

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