



Client: _____ Invoice Address: _____
 Report Address: _____

Project Name: _____
 Lab contact: _____
 Sampler: _____
 P.O. #: _____
 QA/QC Required: (Circle One)
Level II Level III Level IV
 1-2 day 3-6 day Std (7 bus. Days)

Sample Integrity:
 Cooler Temp: _____ °C
 Samples on ice? Yes No
 Samples Intact? Yes No
 Custody Seal? Yes No
 ENVIision provided bottles? Yes No
 Vials free of head space? Yes No N/A
 pH Checked? Yes No N/A
 Method 5035 collection used? YES NO
 5035 samples received within 48hrs of collection? Yes No

Sample ID	Coll. Date	Coll. Time	Comp (C) Grab (G)	Matrix	REQUESTED PARAMETERS					ENVIision Sample ID	
					HCl	HNO ₃	H ₂ SO ₄	N ₂ O ₅ H	Ortho		Nore

COMMENTS:

RELINQUISHED BY: _____ DATE _____ TIME _____ RECEIVED BY: _____ DATE _____ TIME _____