



COMPLETE ENVIRONMENTAL TESTING, INC.

CHAIN OF CUSTODY

Volatile Soils Only:

Date and Time in Freezer
Client:
CET:

80 Lupes Drive Stratford, CT 06615 Tel: (203) 377-9984 Fax: (203) 377-9952 e-mail: cet1@cetlabs.com Bottle Request e-mail: bottleorders@cetlabs.com		Matrix A=Air S=Soil W=Water DW=Drinking Water C=Cassette Solid Wipe Other (Specify)	Turnaround Time ** (check one)					8260 CT List	8260 Aromatics	8260 Halogens	CT ETPH	8270 CT List	8270 PNAs	PCBs <input type="checkbox"/> SOX <input type="checkbox"/> ASE	Pesticides	Metals							Additional Analysis								TOTAL # OF CONT.	NOTE #							
Sample ID/Sample Depths <small>(include Units for any sample depths provided)</small>		Collection Date/Time	Same Day *	Next Day *	Two Day *	Three Day *	Std (5-7 Days)								8 RCRA	13 Priority Poll	15 CT DEP	Total	SPLP	TCLP	Dissolved	Field Filtered	Lab to Filter																
PRESERVATIVE (Cl-HCl, N-HNO ₃ , S-H ₂ SO ₄ , Na-NaOH, C=Cool, O-Other)																																							
CONTAINER TYPE (P-Plastic, G-Glass, V-Vial, O-Other)																																							
Soil VOCs Only (M=MeOH B=Sodium Bisulfate W=Water F=Empty Vial E=Encore)								/	/	/																													
RELINQUISHED BY:			DATE/TIME			RECEIVED BY:			NOTES:																														
RELINQUISHED BY:			DATE/TIME			RECEIVED BY:																																	
RELINQUISHED BY:			DATE/TIME			RECEIVED BY:																																	
Client / Reporting Information								Project Information																															
Company Name								Project: _____ PO #: _____																															
Address								Location: _____ Project #: _____																															
City _____ State _____ Zip _____								CET Quote # _____ Collector(s): _____																															
Report To: _____ E-mail _____								QA/QC <input type="checkbox"/> Std <input type="checkbox"/> Site Specific (MS/MSD) * <input type="checkbox"/> RCP Pkg * <input type="checkbox"/> DQAW * Data Report <input type="checkbox"/> PDF <input type="checkbox"/> EDD - Specify Format _____ Other _____ RSR Reporting Limits (check one) <input type="checkbox"/> GA <input type="checkbox"/> GB <input type="checkbox"/> SWP <input type="checkbox"/> Other _____ Laboratory Certification Needed (check one) <input type="checkbox"/> CT <input type="checkbox"/> NY <input type="checkbox"/> RI <input type="checkbox"/> MA																															
Phone # _____ Fax # _____								Temp Upon Receipt _____ °C																Evidence of Cooling: Y N				PAGE _____ OF _____											

* Additional charge may apply. ** TAT begins when the samples are received at the Lab and all issues are resolved. TAT for samples received after 3 p.m. will start on the next business day. All samples picked up by courier service will be considered next business day receipt for TAT purposes.