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CHAIN OF CUSTODY

info@quantumlabs.net Fax: (570) 489-6965

Special Requirements

PA DEP ASTM TCLP

RCRA UST FORM U

FORM 43

Other_____

pH_____ Temp_____

Cooler Temperature: _____

TAT: RUSH_____ NORMAL

QUANTUMLABS
Analytical & Environmental Laboratories, Inc.

Dickson City Industrial Park
824 Enterprise Street
Dickson City, PA 18519-1593
Phone: (570) 489-6964

Report to:

Contact:

Phone: Fax:

Bill to:

Email Address:

DW - Drinking Water **WW** - Waste Water
GW - Ground Water **SO** - Soil
SW - Surface Water **SL** - Sludge
NPW - Non-Potable Water **SD** - Solid

P - Plastic **CG** - Glass **AG** - Amber Glass **O** - Other

PO #

PROJECT:

Invoice #

Location / Sample Description	Date Sampled	Time Sampled	Matrix	# of Cont / Size	PRSV / Cont Type	Grab / Composite	ANALYSIS TO BE PERFORMED	Quantum ID

Comments:

Intact Containers	**Y**	**N**	**Within Holding Times**	**Y**	**N**
COC Complete	**Y**	**N**	**Labels Match COC**	**Y**	**N**
Properly Preserved	**Y**	**N**	**Rec'd on Ice**	**Y**	**N**

Sampler: Shipped_____ / Hand Delivered

Relinquished By:	Date:	Time:	Received By:	Date:	Time:
Relinquished By:	Date:	Time:	Received In Lab By:	Date:	Time: