

CHAIN OF CUSTODY RECORD - INSTRUCTIONS

GENERAL

1. All applicable information must be completed - optional entries are noted in these instructions.
2. Forms must be completed legibly and in permanent ink.
3. Any errors must be corrected by a single line through the mistake, and the date and initials of the individual making the correction.

FORM COMPLETION

1. **Company** - Enter the name of the consulting company (if custody initiated by the laboratory) or of the testing laboratory (if custody initiated by the consulting company), address, phone and fax numbers.
2. **Blank Area** - May be used to print logo or other information.
3. **Page Numbering** - Enter the total number of pages in the submission, and the page number of each individual page.
4. **DEP Form Number** - This information cannot be changed, modified or deleted.
5. **DEP Facility Number/Project Name:** Enter facility number (if applicable). The project name must be completed.
6. **Sampled by** - Print name(s) of sampler(s) and the organization by which they are employed.
7. **Sampler(s) Signature(s)** - All samplers must sign (initials are not acceptable).
8. **Sampling CompQAP No.** - Enter the DEP CompQAP number for the sampling organization, and the date of last approval. (Note: the CompQAP number must agree with the organization listed by the samplers in item 6. All samplers must be salaried employees of the sampling organization.)
9. **Requested due date** - date by which results are needed. (optional)
10. **SAMPLE INFORMATION** - It is the intent of this form that each container is entered on a different line [except as noted in (f) below].
 - a. **Item No.** - Enter an item number, beginning with "1" and proceeding sequentially.
 - b. **Field ID No.** - Enter the field ID number(s) of the sample container(s). This identification must be unique to each container and must link it to the specific sampling location, date and time.
 - c. **Sampled Date and Time** - Enter the date and time sampled. Military time preferred.
 - d. **Grab or Composite** - Enter whether a grab ("Grab") or composite ("Comp") sample.
 - e. **Matrix** - Enter a matrix code (see codes at bottom of page).
 - f. **No. of Containers** - Enter number of containers (important for VOCs or multiple containers of a sample that may be required to perform a single test). The same ID number may be used to identify the set of containers.
 - g. **Preservatives** - Enter a preservative code (see codes at bottom of page).
 - h. **Analyses Requested** - Specify the test(s) to be requested by method number.
 - i. **Remarks** - Pertinent remarks about the sample or sample condition may be noted. (optional)
 - j. **Lab. No.** - To be completed by the testing laboratory. The laboratory must enter the laboratory ID code for each sample container.
11. **Total No. of Containers** - Enter the total number of containers listed on each page.
12. **Shipment Method** -
 - a. **Out; via** - completed by laboratory if sample containers or sampling equipment are shipped to the client. Enter date the shipment was made, and the method of shipment (courier, bus, etc.).
 - b. **Returned; via** - completed by field/client with date that samples are shipped/returned, and the method of shipment.
13. **IDENTIFICATION AND SIGNATURES FOR CUSTODY PURPOSES** - Use as many lines as necessary to show transfer and receipt of sample containers and/or samples.
 - a. **Item No.** - Enter the item number(s) that are being transferred.
 - b. **Relinquished by/Affiliation; date, time** - Signature of person who relinquishes samples with affiliation, date and time. Note: If sample containers are shipped under chain of custody, the first line must indicate shipment by the laboratory, with receipt by the client.
 - c. **Accepted by/Affiliation; date, time** - Signature of person who accepts samples with affiliation, date and time.
14. **Cooler Number** - (if used) must be entered. The temperature(s) of all coolers must be entered by the laboratory upon sample receipt.
15. **Sampling Kit No.** - Complete if laboratory assigns sampling kit numbers to container shipments.
16. **Equipment ID No.** - Complete if laboratory provides precleaned equipment to client.
17. **Additional Comments** - Enter other comments pertinent to the sample collection or testing. (optional)