# CHAIN OF CUSTODY RECORD

Waypoint ANALYTICAL
449 Springbrook Road • Charlotte, NC 28217
Phone 704/529-6364 • Fax: 704/525-0409

PAGE ____ OF ____ QUOTE # TO ENSURE PROPER BILLING: _____

Client Company Name: _____
Report To/Contact Name: _____
Reporting Address: _____

Phone: _____ Fax (Yes)(No): _____
Email Address: _____
EDD Type: PDF____ Excel____Other _____
Site Location Name: _____
Site Location Physical Address: _____

Project Name: _____
Short Hold Analysis (Yes) (No) UST Project: (Yes) (No)
*Please ATTACH any project specific reporting (QC LEVEL I II III IV) provisions and/or QC Requirements
Invoice To: _____
Address: _____

Purchase Order No./Billing Reference_____
Requested Due Date ❑ 1 Day ❑ 2 Days ❑ 3 Days ❑ 4 Days ❑ 5 Days
"Working Days" ❑ 6-9 Days ❑ Standard 10 days ❑ Rush Work Must Be Pre Approved
Samples received after 15:00 will be processed next business day.
Turnaround time is based on business days, excluding weekends and holidays.
(SEE REVERSE FOR TERMS & CONDITIONS REGARDING SERVICES RENDERED BY WAYPOINT ANALYTICAL, LLC TO CLIENT)

**LAB USE ONLY**

| | YES | NO | N/A |
|---|---|---|---|
| Samples INTACT upon arrival? | ____ | ____ | ____ |
| Received IN ICE? | ____ | ____ | ____ |
| PROPER PRESERVATIVES indicated? | ____ | ____ | ____ |
| Received WITHIN HOLDING TIMES? | ____ | ____ | ____ |
| CUSTODY SEALS INTACT? | ____ | ____ | ____ |
| VOLATILES rec'd W/OUT HEADSPACE? | ____ | ____ | ____ |
| PROPER CONTAINERS used? | ____ | ____ | ____ |

TEMP: Therm ID:_____ Observed _____°C /Corr._____°C

**TO BE FILLED IN BY CLIENT/SAMPLING PERSONNEL**

Certification: NC_____ SC_____
Other____ N/A_____
Water Chlorinated: YES____ NO____
Samples Iced Upon Collection: YES____NO____

| CLIENT SAMPLE DESCRIPTION | DATE COLLECTED | TIME COLLECTED MILITARY HOURS | MATRIX (SOIL, WATER, OR SLUDGE) | SAMPLE CONTAINER *TYPE SEE BELOW | NO. | SIZE | PRESERVA-TIVES | ANALYSIS REQUESTED | | | | | | REMARKS | ID NO. |
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**PRESS DOWN FIRMLY - 2 COPIES**

Sampler's Signature _____ Sampled By (Print Name) _____ Affiliation _____

**Upon relinquishing, this Chain of Custody is your authorization for Waypoint Analytical to proceed with the analyses as requested above. Any changes must be submitted in writing to the Waypoint Analytical Project Manager. There will be charges for any changes after analyses have been initialized.**

| Relinquished By: (Signature) | Received By: (Signature) | Date | Military/Hours |
|---|---|---|---|
| Relinquished By: (Signature) | Received By: (Signature) | Date | |
| Relinquished By: (Signature) | Received For Waypoint Analytical By: | Date | |

Method of Shipment: NOTE: ALL SAMPLE COOLERS SHOULD BE TAPED SHUT WITH CUSTODY SEALS FOR TRANSPORTATION TO THE LABORATORY. SAMPLES ARE NOT ACCEPTED AND VERIFIED AGAINST COC UNTIL RECEIVED AT THE LABORATORY.
❑ Fed Ex ❑ UPS ❑ Hand-delivered ❑ Waypoint Analytical Field Service ❑ Other_____
COC Group No.

Additional Comments:

**LAB USE ONLY**
Site Arrival Time:
Site Departure Time:
Field Tech Fee:
Mileage:

SEE REVERSE FOR TERMS & CONDITIONS

| NPDES: | UST: | GROUNDWATER: | DRINKING WATER: | SOLID WASTE: | RCRA: | BRWNFLD | LANDFILL | OTHER: |
|---|---|---|---|---|---|---|---|---|
| ❑ NC ❑ SC | ❑ NC ❑ SC | ❑ NC ❑ SC | ❑ NC ❑ SC | ❑ NC ❑ SC | ❑ NC ❑ SC | ❑ NC ❑ SC | ❑ NC ❑ SC | ❑ NC ❑ SC |
| ❑ _____ | ❑ _____ | ❑ _____ | ❑ _____ | ❑ _____ | ❑ _____ | ❑ _____ | ❑ _____ | ❑ _____ |

*CONTAINER TYPE CODES: A = Amber C = Clear G= Glass P = Plastic; TL = Teflon-Lined Cap VOA = Volatile Organics Analysis (Zero Head Space)

ORIGINAL