



CT/MA/RI CHAIN OF CUSTODY RECORD

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Temp °C Cooler: Yes No
 Coolant: IPK ICE No
 Pg of

Data Delivery/Contact Options:
 Fax: _____
 Phone: _____
 Email: _____

Customer: _____
 Address: _____

Project: _____
 Report to: _____
 Invoice to: _____
 Quote #: _____

Project P.O: _____

This section MUST be completed with Bottle Quantities.

Client Sample - Information - Identification
 Sampler's Signature _____ Date: _____

Matrix Code:
 DW=Drinking Water GW=Ground Water SW=Surface Water WW=Waste Water
 RW=Raw Water SE=Sediment SL=Sludge S=Soil SD=Solid W=Wipe OIL=Oil
 B=Bulk L=Liquid X = _____ (Other)

PHOENIX USE ONLY SAMPLE #	Customer Sample Identification	Sample Matrix	Date Sampled	Time Sampled
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Analysis Request

<i>*MS/MSD (May be billable at analysis unit rate)</i>					
					GL Amber 8 oz [] w/ H ₂ O [] PO ₄ [] NH ₄ SO ₄
					Soil VOA Vials [] methanol [] H ₂ O
					GL Soil container () oz
					GL Soil container () oz
					40 ml VOA Vial [] As is [] HCl
					GL Amber 1000ml [] 1250ml [] 1500ml [] H ₂ SO ₄
					PL H ₂ SO ₄ [] 250ml [] 500ml
					PL HNO ₃ 250ml
					PL NaOH 250ml
					Bacteria Bottle, white
					Bacteria Bottle, gas is

Relinquished by: _____ Accepted by: _____
Date: _____ Time: _____

RI
 RES DEC
 I/C DEC
 GA Leachability
 GB Leachability
 GA -GW Objectives
 GB -GW Objectives
 Other

CT
 RCP Cert
 GWPC
 SWPC
 GA PMC
 GB PMC
 SWPC
 RES DEC VC
 I/C DEC VC

MA
 MCP Certification
 GW-1 RCS-1 / RCGW-1
 GW-2 RCS-2 / RCGW-2
 GW-3 S-1 Calc.
 S-1
 S-2
 S-3 _____
 SW Protection

Data Format
 Excel
 PDF
 GIS/Key
 EQuIS
 Other
Data Package
 Tier II Checklist*
 Full Data Package*
 Phoenix Std
 Other

Comments, Special Requirements or Regulations: _____
Turnaround Time:
 1 Day* Standard
 2 Days* Other
 3 Days* _____
 4 Days* _____
 5 Days* _____

* SURCHARGES MAY APPLY

State where samples were collected:

* SURCHARGE APPLIES

**MS/MSD are considered site samples and will be billed as such in accordance with the prices quoted.*