

Oregon Department of Environmental Quality Chain of Custody Record

Facility: _____

Address: _____

Facility Contact: _____ Facility Phone: _____

Sample Collector (s): _____

Sampling Agency: _____ DEQ Contact: Michael Mulvey

Office use Only

Affix Work Order Barcode Here

Qtime: _____ Survey: _____

Sample Information

Item	Sample ID	Water Facility State Code	Source or Finished water (Circle one)	Sample Collection Date and time	Collection Address (if in Distribution)	Comments
			S F			
			S F			
			S F			
			S F			

Relinquished By:	Agency/Company	Date/Time	Received By:	Agency/Company	Date/Time

Sample Receipt Checklist *Office Use Only*

Yes	No	Sampled Same Day?	Temperature Check (IR/Sample): _____ C		
Yes	No	Cooler Contained Ice?	Yes	No	Sample reservation checked at time of sample receipt?
Yes	No	Samples collected in the appropriate containers?	Yes	No	If yes were all samples properly preserved?
Yes	No	Sample containers clearly and properly labeled?	Yes	No	COC form properly signed?
Yes	No	Samples received intact and without damage?	<u>Sample Receipt Comments</u>		
Yes	No	Sample volumes sufficient for requested analyses?	_____		
Yes	No	All samples received within their holding times?	_____		