



CHAIN-OF-CUSTODY

Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

KELP USE ONLY- Affix Workorder Label Here

Company Name:	Contact/Report To:
Street Address:	Phone #:
	E-Mail:
	Cc E-Mail:
Customer Project #:	Invoice to:
Project Name:	Invoice E-mail:
Site Collection Info/Facility ID (as applicable):	Purchase Order (if applicable):
	Quote #:
Sample Collection Time Zone : <input type="checkbox"/> AK <input type="checkbox"/> PT <input type="checkbox"/> MT <input type="checkbox"/> CT	County / State origin of sample(s):

Data Deliverables:	Regulatory Program (DW, RCRA, etc.) as applicable:	Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Level I (Std) <input type="checkbox"/> Level II	Rush (Pre-approval required):	DW PWSID # or WW Permit # as applicable:
<input type="checkbox"/> Level III	<input type="checkbox"/> Same Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 4 Day	Field Filtered (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other _____	<input type="checkbox"/> 5 Day	Analysis:

* Insert in Matrix box below: Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Surface Water (SW), Other (OT)

Customer Sample ID	Matrix *	Comp / Grab	Composite Start		Collected or Composite End		# Cont.	Residual Chlorine	
			Date	Time	Date	Time		Result	Units

Specify Container Size	Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) Other
------------------------	---

Identify Container Preservative Type	Preservative Types: (1) None, (2) HNO3, (3) H2SO4, (4) HCl, (5) NaOH, (6) Zn Acetate, (7) NaHSO4, (8) Sod.Thiosulfate, (9) Ascorbic Acid, (10) MeOH, (11) Other
--------------------------------------	---

Analysis Requested	
--------------------	--

KELP Use Only	Project Mgr.:	Preservation non-conformance identified for sample.
	AcctNum / Client ID:	
	Table #:	
	Profile / Template:	
	Prelog / Bottle Ord. ID:	
Sample Comment		

Additional Instructions from KELP:

Customer Remarks / Special Conditions / Possible Hazards:
Coolers: Thermometer ID: Temp. (°C): Sample Received on ice: <input type="checkbox"/> Yes <input type="checkbox"/> No

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:	Tracking Number:
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:	Delivered by: <input type="checkbox"/> In- Person <input type="checkbox"/> Courier <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Other
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:	

Submitting a sample via this chain of custody constitutes acknowledgment and acceptance of the KELP's Terms and Conditions

Chain of Custody (COC) Instructions

Complete all relevant fields on the COC form. Incomplete information may cause delays.

1. Client & Project Information:

- **Company Name:** Your company's name.
- **Street Address:** Your mailing address.
- **City, State, Zip:** Your city, state, and zip code.
- **Contact/Report To:** Person designated to receive results.
- **Customer Project # and Project Name:** Your project reference number and name.
- **Site Collection Info/Facility ID:** Project location or facility ID.
- **Time Zone:** Sample collection time zone (e.g., AK, PT, MT, CT, ET) for accurate hold times.
- **Purchase Order #:** Your PO number for invoicing, if applicable.
- **Invoice To:** Contact person for the invoice.
- **Invoice Email:** Email address for the invoice.
- **Phone #:** Your contact phone number.
- **E-mail:** Your email for correspondence and the final report.
- **Data Deliverable:** Required data deliverable level (Standard, Level II III IV, Other).
- **Field Filtered:** Indicate if samples were filtered in the field (Yes/No).
- **Quote #:** Quote number, if applicable.
- **DW PWSID # or WW Permit #:** Relevant drinking water or wastewater permit numbers, if applicable.

2. Sample Information:

- **Customer Sample ID:** Unique sample identifier for the report.
- **Collected Date:** Sample collection date (provide start and end dates for composites).
- **Collected Time:** Sample collection time (provide start and end times for composites).
- **Comp/Grab:** "GRAB" for single-point collection; "COMP" for combined samples.
- **Matrix:** Sample type (e.g., DW, GW, WW, P, SW, OT).
- **Container Size:** Specify size (e.g., 1L, 500ml, Other).

- **Container Preservation Type:** Specify preservative (e.g., None, HNO₃, H₂SO₄, Other).
- **Analysis Requested:** List tests or method numbers and check boxes for applicable samples.
- **Sample Comment:** Notes about individual samples; identify MS/MSD samples here.
- **Residual Chlorine:** Record results and units if measured.

3. Additional Information & Instructions:

- **Customer Remarks/Special Conditions/Possible Hazards:** Note special instructions, potential hazards (attach SDS if possible), or requests for extra report copies.
- **Rush Request:** For expedited results, circle an option (Same Day to 5 Day) and note the due date. Pre-approval from the lab is required for all rush requests, and surcharges apply.
- **Collected By:** Printed name of the sample collector.
- **Collected By Signature:** Signature of the sample collector.
- **Relinquished By/Received By:** Sign and date at each transfer of custody.

4. Sample Acceptance Policy Summary:

For samples to be accepted, ensure:

- Complete COC documentation.
- Readable, unique sample ID on containers (indelible ink).
- Appropriate containers and sufficient volume.
- Receipt within holding time and temperature requirements.
- Containers are in good condition, seals intact (if used).
- Proper preservation, no headspace in volatile water samples.
- Adequate volume for MS/MSD if required.

Failure to meet these may result in data qualifiers. A detailed policy is available from your Project Manager. Submitting samples implies acceptance of KERP Terms and Conditions.