



**Twin City Water Clinic**  
 617 13th Ave South Hopkins, MN 55343  
 (952) 935 - 3556

Total \$ _____	Invoice # _____
PO # _____	<input type="checkbox"/> Sent <input type="checkbox"/> Paid

**CHAIN-OF-CUSTODY**

<b>Client:</b> School of XYZ	<b>Facility Name:</b> School of XYZ
<b>Client Address:</b> 123 Address, City, State, Zip Code	<b>Facility Address:</b> 123 Address
<b>Email Address:</b> email@email.com	<b>City, State, Zip Code</b>
<b>Phone Number:</b> (999) 999-9999	<b>School ID or License #:</b> #####

Laboratory Sample ID #	Unique Sample Site	Fixture Type	Location Description	Fixture Status	Sample Collection	Date Collected	Time	Lead
	1	Drinking Fountain	Ladybug Hall	Active - Consumption	Initial - First Draw	6/26/24	05:30	
	2	Bottle Filler	Ladybug Hall	Active - Consumption	Initial - First Draw	6/26/24	05:30	
	3	Sink	Kitchen Sink - large	Active - Consumption	Initial - First Draw	6/26/24	05:35	
	4	Sink	Koalas Kitchenette	Active - Consumption	Initial - First Draw	6/26/24	05:38	
	5	Drinking Fountain	Toddler Outside	Active - Consumption	Initial - First Draw	6/26/24	06:00	
	6	Drinking Fountain	Pre K Outside	Active - Consumption	Initial - First Draw	6/26/24	06:05	
	7	Sink	Eagle's Classroom	Active - Consumption	Initial - First Draw	6/26/24	06:08	
	8	Sink	Panda's Classroom	Active - Consumption	Initial - First Draw	6/26/24	06:15	
	9	Drinking Fountain	Break Room	Active - Consumption	Initial - First Draw	6/26/24	06:20	
	10	Sink	Break Room	Active - Consumption	Initial - First Draw	6/26/24	06:22	

<b>Relinquished By:</b>	<b>Date:</b>	<b>Time:</b>	<b>Relinquish To:</b>	<b>Date:</b>	<b>Time:</b>	<b>Bottle Lot #:</b>
<i>Sampler</i>	6/26/24	9:00				

<b>LAB USE ONLY - Sample Receipt Conditions</b>	<b>Comments:</b>
•Container Intact? Y N    •Correct Container? Y N    •Temp upon receipt: °C •Sufficient Volume? Y N    •In hold time? Y N    •Temp corrected? Y N (if Y, corrected temp: °C)	

Field of testing: Lead SM3113B

TCWC FRM-018 Rev 1.0 (6/26/2024)