Everything in \*blue\* is an example of how the collector should fill out the form prior to transportation of samples to the laboratory.

## Twin City Water Clinic 617 13<sup>th</sup> Ave South Hopkins, MN 55343 (952) 935-3556

## **CHAIN-OF-CUSTODY RECORD**

Client: ABC School

Client Address: 123 Blvd, City State

School / Collection site:

**Middle School** 

Email Address: waterschool@twincitywaterclinic.com Customer Phone No: 952-935-3556

Lab ID # Lab use only	Date	Time	Sample ID	Sample Location	Lead	Sample by
	3/1/24	5:15	1	Kitchen Sink	X	Mollie S
	3/1/24	5:20	2	North Drinking Fountain in Gym	X	Mollie S
	3/1/24	5:30	3	FACS Room West Sink	X	Mollie S
	3/1/24	5:35	4	<b>Bottle Filler in Staff Lounge</b>	X	Mollie S
			The Sa	mple ID is how we tie the sample		
		bottle to the sample location. Some clients				
			will label	their sample bottle as "#1" which		
			will th	en reference back to the sample		
				location on the COC.		
				ample below - we would know that " is from the Kitchen Sink.		
			Label Exa	mple		
			Sample ID	-		
			Sample Dat	e: Sample Time:		
			Taken By:	Client:		

Relinquished By:	Date	Time	Relinquish To:	Date	Time
Mollie S	3/5/24	10:00			

Container	Yes	No	Correct	Yes	No		Comments:
Intact			Container				
Cooled	Yes	No	Temperature	Yes	No	( °C)	
			Blank				

Field of testing: Lead SM3113B