

EFFLUENT CHAIN OF CUSTODY RECORD

Facility Name: _____ Permit No.: _____

Effluent Sampling Location: _____

IS THIS SAMPLE CHLORINATED? YES _____ NO _____

Type of Sample: Grab _____ If Grab, Volume of Sample Collected _____
Composite _____ If Composite, No. of Samples per Day _____
Volume of Sample Collected per Event _____

Start Time Sample Collection: _____ End Time Sample Collection: _____

Start Date Sample Collection: _____ End Date Sample Collection: _____

Effluent Sample Collected by: _____ Date: _____

Receiving Water Source: _____

Receiving Water Collected by: _____ Date: _____

Relinquished By	Date	Time	Received By
Relinquished By	Date	Time	Received By

Is the sample container completely filled? Container #1 **YES** _____ **NO** _____
(Headspace?) Container #2 **YES** _____ **NO** _____

Ice/Ice Packs Present: **YES** _____ **NO** _____ Evidence of Cooling: **YES** _____ **NO** _____

Sample Temp on Arrival: _____ Recorded by: _____

Sample Disposition: Returned to Client _____ Trashed _____ Sewered _____

Disposed By: _____ Date: _____

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