

*** Complete Entire COC to be in Compliance***

RUSH Due Date _____



Chain of Custody

Client Name- _____
Project Name- _____

Accurate Work Order #	Date Sample Taken	Time Sample Taken	Matrix or Source (Refer below)	Grab (G) or Comp (C)	Client I.D. / Sample Location or DEQ / EPA Location Code	Field Results (pH, Temp, Chlorine, ...) (note analysis & units)			Analysis Requested → # of Container ↓						

On-Site Info Raw Alkalinity (TOC Raw)= _____ mg/L Turbidity (E.Coli)= _____ ntu
Matrix Codes DW = Drinking Water WW = Wastewater SL = Sludge O = Other _____
E.Coli Source GWUDI-FS= Groundwater under direct influence of Flowing Stream GWUDI-RL= Groundwater under direct influence of Reservoir/Lake

Field Instrument Calibration -				
Meter Type	Standards	Final Read.	Date , Time	Initials

Comments _____
 -- All samples are scheduled to be disposed of in 4 weeks of receipt at Accurate.--

Certification by Company Official: I hereby certify that the above sampling occurred during a period such that the sample(s) is/are representative of a typical operating day discharge for the above facility. **Signature :** _____ **Date/Time** _____

Sampled By: _____ **Company:** _____ **Sample Method:** _____

Relinquished By: _____	Date/Time _____	Received By: _____	Date/Time _____
<input type="checkbox"/> Relinquished to Lab By:	Date/Time _____	Received at Lab By: _____	Rec'd °C _____ Date/Time _____
<input type="checkbox"/> Relq'd to Log-In Fridge By:			

Reporting Requirements (standard 10-15 working days) **Compliance Reporting?** Yes or No (DMR, PWS,) **Oklahoma PWS ID #** _____ **RUSH Request** (if available) _____ (Working Days)

Mail Report: Address _____ Phone #: Fax #: Email: _____
Mail Invoice: Address: _____ Bid # - _____ PO # - _____ Phone #: Fax #: _____