ZALCO LABORATORIES, INC.

CHAIN OF CUSTODY, ID# _____

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Zalco Lab # _____

Client PO # _____

PROJECT ID: _____

QUOTE ID:

REPORT INFO	**INVOICE INFO**
Client:	Invoice To: Same as Client ❑
Address:	Address:
City, State, Zip:	City, State, Zip:
Attention:	Attention:
Phone: Results ❑	Phone:
Fax: Results ❑	Fax:
Email: Results ❑	Email:

SAMPLED BY: **EMPLOYED BY:**

Sample No. *	Sample Description	Sample Date	Sample Time	Sample Type*	# OF CONTAINERS	ANALYSIS								TEMPERATURE (C°)

COMMENTS:

Turnaround Time:
Routine _____ working days ❑

Rush By _____ working days

Send Copy to State of CA?
Yes ❑ No ❑

Attention To: _____

Send Copy to County?
Yes ❑ No ❑

County _____

RELINQUISHED By: Signature	PRINT	COMPANY	Date	Time	RECEIVED By: Signature	PRINT

NOTE: Samples are discarded 30 days after results unless other arrangements are made. Hazardous samples will be returned to client or disposed of at the client's expense.

*Sample Type Key: AQ-Aqueous; BS-Biosolid; DW-Drinking Water; GW-Ground Water; G-Gas; LPG-Liquid Petroleum Gas; OL-Oil; O-Other; P-Petroleum; S-Soil/Solid; ST-Storm Water; WW-Wastewater

*Sample No.: FOR OFFICE USE ONLY