

Chain of Custody Record (COC)



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EPA 1631

Client: _____
 Address: _____

 Attention: _____

NPDES#: _____
 Phone: _____
 Fax: _____
 Email: _____
 Project: _____
 P.O.#: _____

How would you like your Report sent?
 Circle all that apply: Email (preferred), Fax, Mail

Person Taking Sample (Sign/Print): _____

Sample Location / ID #	Date	Time	Sampling Site Description	Bottle Lot #	Tubing Lot #	Sampler CH/DH	In House Preservation	Cooler #
Field Blank								

Method of Shipment:	Comments:			
	<input type="checkbox"/> UPS			
<input type="checkbox"/> Fed Ex	Are these results for regulatory purposes?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Hand Delivery	Relinquished by:	Date:	Time:	Received by: Date:
<input type="checkbox"/> Other	Relinquished by:	Date:	Time:	Received by: Date:
	Relinquished by:	Date:	Time:	Received by Lab: Date: