QSP-008-FO2A REV 001

CHAIN OF CUSTODY
SAMPLE SUBMISSION RECORD

HAWKMTN LABS INC
201 West Clay Ave. • West Hazleton, PA 18202
Phone: (570) 455-6011 • Fax: (570) 455-6321

CUSTOMER NO. _____

WORK ORDER NO. _____

REPORT TO:	**PROJECT NO.**
	PROJECT NAME

DW DRINKING WATER **SL** SLUDGE
GW GROUND WATER **SO** SOIL
SW SURFACE WATER **SF** SOLID FUEL
WW WASTE WATER **FM** FILTER MEDIA

ATTN: **PHONE:** **FAX:**

INVOICE TO:

PURCHASE ORDER NO.

SAMPLE DESCRIPTION/LOCATION	DATE OF SAMPLING	TIME OF SAMPLING	SAMPLER (INITIALS)	TOTAL NO. CONTAINERS	SAMPLE TYPE	ANALYSES TO BE PERFORMED										REMARKS:

REMARKS

RELINQUISHED BY: (SIGNATURE)	**DATE**	**TIME**	**RECEIVED BY: (SIGNATURE)**	**DATE**	**TIME**
RELINQUISHED BY: (SIGNATURE)	**DATE**	**TIME**	**RECEIVED FOR LABORATORY: (SIGNATURE)**	**DATE**	**TIME**