

See ClearWater Laboratory Sample Acceptance Policy and Disclaimer On Back >>

Report to: _____
 Company Name: _____
 Company Address: _____
 Company Phone #: _____
 Sampler Name: _____
 Project Name: _____
 CWL Purchase Order #: _____
 Client Purchase Order #: _____
 CWL Sample ID #: _____

CHAIN OF CUSTODY ClearWater Laboratory

153 Main Street
 Newport, ME 04953
 (207) 368-5700

ClearwaterLab207@gmail.com

Remarks:

page _____ of _____

10/2025 Rev.

SAMPLE IDENTIFICATION	SAMPLE COLLECTION INFORMATION AND CONTAINER INFORMATION											ANALYSIS REQUESTED								
Examples: influent, effluent, outfall #, sludge, soil, etc.	grab	composite	date/time started	date/time ended	chlorinated? Y/N	dechlorinated? Y/N	number of containers	type of containers	container volume	preservative type	detection limit desired	analytical method desired [1][2]								

RELINQUISHED BY:	DATE:	TIME:	RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY:	DATE:	TIME:	RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY:	DATE:	TIME:	RECEIVED BY:	DATE:	TIME:

Shipping Temperature: _____
 Shipping Coolant: Y N

Received within holding time **yes** *no*
 Received in good condition **yes** *no*

[1] Standard Methods
 [2] EPA NPDES approved test