

CHAIN OF CUSTODY RECORD

(Please ensure all information is entered legibly and all entries are made with waterproof, permanent ink)

Please Print Legibly

15.4 app 30, Version 30-10-2014

SAMPLE INFORMATION (to be completed by sender)

COMPANY NAME Horizons Regional Council		CLIENT CONTACT
ADDRESS 11 – 15 Victoria Avenue, Palmerston North 4110		PHONE
NAME OF SAMPLER	DATE SENT	EMAIL ADDRESS:

CLIENT SAMPLE ID	SAMPLE DESCRIPTION/ LOCATION/SITE	SAMPLING DATE	TIME SAMPLED	TOTAL No. OF BOTTLES	ANALYSIS REQUIRED	MATRIX CODE	SAMPLE REMARKS	ELS SAMPLE NUMBER

LAB COMMENTS	CONDITIONS UPON RECEIPT: (check one) <input type="checkbox"/> Iced <input type="checkbox"/> Ambient or <input type="checkbox"/> °C Upon Receipt (if Temp Requested)
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MATRIX CODES: DW = DRINKING WATER SW = SURFACE WATER SL = Soil AF = Air Filter GW = GROUNDWATER EF = EFFLUENT SD = Solids TW = Trade Waste	I have read, understood and agree with the Terms and Conditions Document of ELS I agree to ELS performing the Analyses as described by me above Signed Date.....
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Chain of Custody: (please provide signatures & printed names)			
Relinquished By:	Date/Time:	Received By:	Date/Time:
Company/Department:		Company/Department:	
Relinquished By:	Date/Time:	Received By:	Date/Time:
Company/Department:		Company/Department:	
Relinquished By:	Date/Time:	Received By:	Date/Time:
Company/Department:		Company/Department:	
Relinquished By:	Date/Time:	Received By:	Date/Time:
Company/Department:		Company/Department:	
Relinquished By:	Date/Time:	Received By:	Date/Time:
Company/Department:		Company/Department:	
Relinquished By:	Date/Time:	Received By:	Date/Time:
Company/Department:		Company/Department:	
Relinquished By:	Date/Time:	Received By:	Date/Time:
Company/Department:		Company/Department:	
Relinquished By:	Date/Time:	Received By:	Date/Time:
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SignedDate.....