



Field Chain-of-Custody Record

YORK Project Number _____

York Analytical Laboratories, Inc. (YORK)'s Standard Terms & Conditions are listed on the back side of this document. This legal document serves as your written authorization for YORK to proceed with the analyses requested below. Your signature binds you to YORK's Standard Terms & Conditions.

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Report To:		Invoice To:		YOUR Project Name / Number								Samples Collected From				Turn-Around Time									
Company:		Company:										NY		CT		Other: (please specify)									
Address:		Address:										NJ		PA											
Phone.:		Phone.:		PO Number								Analyses Requested				RUSH - Next Day									
Contact:		Contact:		Preservative (please list number of containers)												RUSH - Two Day									
E-mail:		E-mail:														RUSH - Three Day									
<i>Please print clearly and legibly. All information must be complete. Samples will not be logged in and the turn-around-time clock will not begin until any questions by YORK are resolved.</i>		Matrix Codes S - soil/solid/sludge GW - groundwater DW - drinking water SW - surface water WW - wastewater O - Oil Other		Unpreserved		HCl (hydrochloric acid)		MeOH (methanol)		HNO ₃ (nitric acid)		H ₂ SO ₄ (sulfuric acid)		NaOH (sodium hydroxide)		Na ₂ S ₂ O ₃ (sodium thio.)		Trizma		Ammonium Acetate		Other:		RUSH - Four Day	
																								RUSH - Five Day	
Samples Collected by: (print AND sign your name)																						Report Type (circle) QA Report Summary (Results Only) NY ASP B Package NJ Reduced NJ DKQP NJ Full CT RCP			
																						EDD Type (circle) EquiS (standard) NYSDEC EquiS NJDEP SRP Haz Site Standard Excel CMDP Other:			
Sample Identification		Date		Time		Matrix																Regulatory Comparative Compared to the following Regulation(s): (please fill in)			
																						Field Filtered Lab Filtered			

Comments:				Lab Sample Receiving Checklist (to be completed by the receiving laboratory only) Circle Y / N Custody Seals: Y / N Containers Intact: Y / N COC/Labels Agree: Y / N Preservation Confirmed: Y / N COC Complete: Y / N COC Received: Y / N Appropriate Sample Volumes: Y / N Appropriate Sample Containers: Y / N Cooler Temperature Confirmed: Y / N Samples Submitted within Holding Times: Y / N Corrective Action Form Required: Y / N											
				Samples iced/chilled at time of lab pickup? circle Yes or No				1. Samples Relinquished by / Company		Date/Time		1. Samples Received by / Company		Date/Time	
2. Samples Received by / Company		Date/Time		3. Samples Relinquished by / Company		Date/Time		3. Samples Received by / Company		Date/Time					
4. Samples Relinquished by / Company		Date/Time		4. Samples Received by / Company		Date/Time		Samples Received in LAB by		Date/Time		Temperature Degrees C			