APPENDIX D

Pace Chain of Custody Form

Company Name/Address:

Billing Information:

Report to:

Email To:

Project Description:

City/State Collected:

Please Circle: PT MT CT ET

Phone:

Client Project #

Lab Project #

Collected by (print):

Site/Facility ID #

P.O. #

Collected by (signature):

Immediately Packed on Ice N ____ Y ____

Rush? (Lab MUST Be Notified)

___ Same Day ___ Five Day
___ Next Day ___ 5 Day (Rad Only)
___ Two Day ___ 10 Day (Rad Only)
___ Three Day

Quote #

Date Results Needed

Pres Chk

Analysis / Container / Preservative

Chain of Custody Page ___ of ___

Pace
PEOPLE ADVANCING SCIENCE

12065 Lebanon Rd Mount Juliet, TN 37122
Phone: 615-758-5858 Alt: 800-767-5859

Submitting a sample via this chain of custody constitutes acknowledgment and acceptance of the Pace Terms and Conditions found at: https://info.pacelabs.com/hubfs/pas-standard-terms.pdf

SDG #

Table #

Acctnum:

Template:

Prelogin:

PM:

PB:

Shipped Via:

Sample ID	Comp/Grab	Matrix*	Depth	Date	Time	No. of Cntrs											Remarks	Sample # (lab only)

* Matrix:
SS - Soil **AIR** - Air **F** - Filter
GW - Groundwater **B** - Bioassay
WW - WasteWater
DW - Drinking Water
OT - Other_____

Remarks:

pH _____ Temp _____

Flow _____ Other _____

Samples returned via:
__ UPS __ FedEx __ Courier __ _____

Tracking #

Sample Receipt Checklist

COC Seal Present/Intact:	__NP __Y __N
COC Signed/Accurate:	__Y __N
Bottles arrive intact:	__Y __N
Correct bottles used:	__Y __N
Sufficient volume sent:	__Y __N
If Applicable	
VOA Zero Headspace:	__Y __N
Preservation Correct/Checked:	__Y __N
RAD Screen <0.5 mR/hr:	__Y __N

Relinquished by : (Signature)	Date:	Time:	Received by: (Signature)	Trip Blank Received: Yes / No HCL / MeoH TBR	
Relinquished by : (Signature)	Date:	Time:	Received by: (Signature)	Temp: °C Bottles Received:	If preservation required by Login: Date/Time
Relinquished by : (Signature)	Date:	Time:	Received for lab by: (Signature)	Date: Time:	Hold: Condition: NCF / OK

Company Name/Address:

Billing Information:

Analysis

Chain of Custody Page ___ of ___

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Report To:

Email To:

Project Description:

City/State Collected:

Please Circle: PT MT CT ET

SDG #

Phone:

Client Project #

Lab Project #

Table #

Collected by (print):

Site/Facility ID #

P.O. #

Acctnum:

Template:

Prelogin:

PM:

PB:

Collected by (signature):

Rush? (Lab MUST Be Notified)

____Same Day ____ Three Day
____ Next Day ____ Five Day
____Two Day

Date Results Needed

Shipped Via:

Sample ID	Can #	Flow Cont. #	Collection Date	Collection Time	Canister Pressure/Vacuum Initial	Canister Pressure/Vacuum Final	Analysis				Rem./Contaminant	Sample # (lab only)

Remarks:

Samples returned via:
__ UPS __ FedEx __ Courier __ _____

Tracking #

Hold #

Relinquished by : (Signature)	Date:	Time:	Received by: (Signature)	Date:	Time:
Relinquished by : (Signature)	Date:	Time:	Received by: (Signature)	Date:	Time:
Relinquished by : (Signature)	Date:	Time:	Received for lab by: (Signature)	Date:	Time:

Condition: (lab use only)

COC Seal Intact: ____ Y ____N ____NA

NCF: