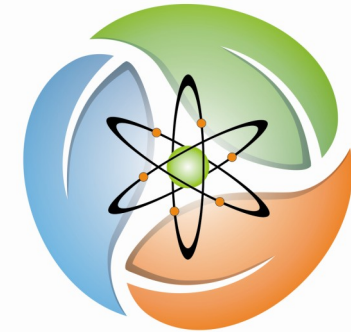


## Instructions for completing Chain of Custody (COC)

1. **Client Information Section:** Complete all client information in the upper left section of the COC. This information includes: company name, address, phone number, email address, P.O. #, client contact (point of contact for lab and who will receive final report), project # or name, project manager (if applicable), and site location.
2. **Sample Identification Section:** List each sample with a sample identification as you would like it to appear on the final report. The additional required information is: sample type; container type, size, quantity; date and time of sample collection; preservation.
3. **Requested Analyses Section:** List your requested analyses and methods in the area provided. Be sure to mark the boxes indicating the analysis and its corresponding sample(s).
4. **Sampler Section:** The name of the individual that collects the sample should be listed in this box.
5. **Requested Turnaround Time:** Our standard turnaround time on most analyses is five (5) business days. Please check the applicable box indicating your needs regarding turnaround time. Additional fees may apply for RUSH services.
6. **Signatures:** Please ensure that a representative of your company signs and records the date and time in this section. Sample control must be relinquished by your company and received by a representative of ETI.
7. **Comments Section:** Please list any special project requests and/or comments in this section.



ENVIRONMENTAL  
TESTING, INC.



# ENVIRONMENTAL TESTING, INC.

4619 NORTH SANTA FE AVE.  
OKLAHOMA CITY, OK 73118  
(405) 488-2400  
FAX: (405) 488-2404



PAGE:  OF

SAMPLE SERIES #:   
SHADED AREAS FOR LABORATORY USE ONLY

COMPANY: ABC Company  
ADDRESS: 1234 N. Main St.  
Your Town, OK 12345  
PHONE #: (123) 456-7890  
EMAIL: your.email@yourcompany.com  
P.O. #: If applicable  
CLIENT CONTACT: Your Name  
PROJECT #: Your Project Phase II /MANAGER: If applicable  
SITE LOCATION: Anytown, ST. 25 wells in close proximity to Main St/1st Ave intersection.

*Fill out this section completely. Be as specific as possible in order to ensure accurate delivery of results and invoices.*

SAMPLE TYPE	ANALYSIS										LAB COMMENTS	
1. WATER												
2. SOIL												
3. SLUDGE												
4. OIL												
5. OTHER												

ETI SAMPLE #	CLIENT SAMPLE IDENTIFICATION	SAMPLE TYPE	CONTAINER			SAMPLING		PRESERVATIVES	8260 Volatile	BTEX
			SIZE	TYPE	#	DATE	TIME			
	NE 1-1	2	4 oz	G	1.00	1/1/12	9:15	NP	X	
	SW 1-4	1	40 mL	V	2.00	1/1/12	9:26	HCl		X

*Provide sample ID's relative to your project.*

*Ensure this section is fully filled out. Date and Time should reflect actual time sampling occurred.*

*Please list all requested analyses.*

RECEIVED ON ICE:  Y  N @  °C  
EQUIPMENT #:   
REQUESTED TURNAROUND TIME:  REGULAR (5 DAYS)  3 DAYS  2 DAYS  1 DAY  
RUSH REQUIRED: (ADDITIONAL FEES MAY APPLY)

*Please indicate your required turnaround time.*

SAMPLER:   
Name of individual that collected sample.  
TIME:  COND:   
CALIB:  4  7  10

*List any special requests or additional comments here.*

RELINQUISHED BY: <u>Your Signature</u>	DATE: 1/1/2012	RECEIVED BY: <u>Lab Representative Signature</u>	DATE: 1/1/2012	COMMENTS: <u>Please provide 2 day RUSH service.</u>
RELINQUISHED BY:	TIME: 11:00am	RECEIVED BY:	TIME: 11:00am	
RELINQUISHED BY:	DATE:	RECEIVED BY:	DATE:	

*Signature relinquishing samples is required.*

*Please provide 2 day RUSH service.*