



White Water Associates Lab – Filling Out the Chain of Custody

A chain of custody is an unbroken trail of accountability that ensures the physical security of samples, data, and records. We have designed a form that ensures the portion of the process involving samplers, intermediary custodians, and our laboratory. The following information should be entered on a *Chain of Custody* form in indelible ink (required field are underlined):

1. Client/Contact: Name, Email, Mailing Address and Telephone for reporting.
2. Sampler Name and Signature: Name of person taking the sample.
3. Contract/PO/Project Name/WSSN (if applicable): Project specific information or WSSN (water supply serial number, used for public water sources, not for private homeowners).
4. County of Location: May be used for reporting to area health department.
5. Site Code (if applicable): Site-specific information for public water sources. Private homeowners would not need this section.
6. Sample ID and Location: Collection Site Address, System Owner, Well #, etc. for identification of sample location. Use as many lines as necessary in this column and also include the additional information like Kitchen Tap, Pressure Tank, etc.
7. Date and Time of Collection
8. Matrix Code: Drinking Water, Ground Water, Water, Sediment, Soil/Solid, TCLP, SPLP, or Other – see key for codes.
9. Sample Type: Grab sample taken at a single time/place (the majority of samples) or Composite (sample comprises portions taken at discrete times or different depths/layers/proximate locations) – G or C. *If unmarked, we will assume G (Grab).*
10. Preservatives: Place “x” in the appropriate column for each sample/container. For multiple containers, write number in adjacent column. If unsure of preservative, leave blank.
11. Test/Analysis Requested: Column heading for test such as Total Coliform (positive or negative result), Fecal Coliform (enumerated result), Copper, Lead, etc. with “x” for each sample with that test assigned. *If a test kit, indicate which one and we can fill the rest.*
12. Remarks: Let us know if you want reported directly to the area health department.
13. Transport/relinquished by: Signature/date/time information.

If a triplicate form, keep the pink copy for yourself and send the white and yellow to us with sample. If a single printed form, make a copy or request one if dropped in person. The next page is an example of a filled chain of custody, with entries showing how typical areas of the form are filled by a customer. (Do not use these actual values, but instead relate them to you, your sample, and specified tests.)

PRIVATE CUSTOMER EXAMPLE

Job # (WWA office use):

CHAIN-OF-CUSTODY RECORD



429 River Lane, P.O. Box 27
Amasa, Michigan 49903

Phone: (906) 822-7889, Fax -7977
Web: white-water-associates.com

CLIENT NAME / BILL TO John Doe			EMAIL ADDRESS jdoe@your-email.com			
ADDRESS P.O Box 49			TELEPHONE 906-822-7889			
CITY Amasa	STATE MI	ZIP 49903	CONTRACT / PO / PROJECT NAME / WSSN#			
SAMPLER NAME (print first/last name) John Doe			COUNTY OF LOCATION Iron		Site Code:	
SAMPLER'S SIGNATURE			DW Municipalities, in REMARKS state: Sample Type = Routine, Repeat, Raw, Process, or Other.		Preservatives WWA noted upon arrival, database contains bottle preservation details.	

TEST / ANALYSIS REQUESTED (Attach list if needed)

Instructions to White Water
Send my report by:

- email
 mail

Unless otherwise noted, drinking water report copies are sent to EGLE and Health Dept.

REMARKS (Note any special instructions provided by client or conditions of receipt noted by WWA lab staff.)

SAMPLE ID AND LOCATION Containers for each sample may be combined on one line.	Sampled		Matrix Code (key below)	Samp Type (G)omp	Filtered	Residual Chlorine	PRESERVATIVES							Number of Containers	Total Coliform - Drinking Water																				
	DATE	TIME					None	H2SO4	HNO3	HCl	NaOH	Na Thio	Other: _____																						
Kitchen Tap	11/10/20	12:55 PM	DW	G										1	x																				
29 Cherry Lane																																			
Amasa MI 49903																																			

Relinquished by:	Date:	Time:	Received by:	Date:	Time:	Comments/sample temp on receipt:	Packing: Ice <input type="checkbox"/>	Cooler <input type="checkbox"/>
Relinquished by:	Date:	Time:	Received by:	Date:	Time:			

Matrix Code: Drinking Water (DW), Ground Water (GW), Water (W), Sediment (Sd), Soil/Solid (S), TCLP (TC), SPLP (SP), Other (O)

WHITE - RETURN W/ REPORT

CANARY - W/ SAMPLES

PINK - CUSTOMER

UPS FedEx USPS Client Other _____

PUBLIC WATER SUPPLY CUSTOMER EXAMPLE

Form 4-2 Version 201026

Job # (WWA office use):

CHAIN-OF-CUSTODY RECORD



WHITE WATER ASSOCIATES, INC.

429 River Lane, P.O. Box 27
Amasa, Michigan 49903

Phone: (906) 822-7889, Fax -7977
Web: white-water-associates.com

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CLIENT NAME / BILL TO John Doe			EMAIL ADDRESS jdoe@your-email.com		
ADDRESS P.O Box 49			TELEPHONE 906-822-7889		
CITY Amasa	STATE MI	ZIP 49903	CONTRACT / PO / PROJECT NAME / WSSN# WSSN 3920		
SAMPLER NAME (print first/last name) John Doe		COUNTY OF LOCATION Iron	Site Code: N1234		
SAMPLER'S SIGNATURE		DW Municipalities, in REMARKS state: Sample Type = Routine, Repeat, Raw, Process, or Other.	Preservatives WWA noted upon arrival, database contains bottle preservation details.		

TEST / ANALYSIS REQUESTED (Attach list if needed)

Instructions to White Water
Send my report by:
 email
 mail

Unless otherwise noted, drinking water report copies are sent to EGLE and Health Dept.

REMARKS (Note any special instructions provided by client or conditions of receipt noted by WWA lab staff.)

SAMPLE ID AND LOCATION Containers for each sample may be combined on one line.	Sampled		Matrix Code (key below)	Samp Type (G)omp	Filtered	Residual Chlorine	PRESERVATIVES							Number of Containers	Total Coliform - Drinking Water																							
	DATE	TIME					None	H ₂ SO ₄	HNO ₃	HCl	NaOH	Na Thio	Other: _____																									
Well #29	11/10/20	12:55 PM	DW	G									1	x																					Routine			
Hematite Township																																						
29 Cherry Lane																																					Please email results to	
Amasa MI 49903																																				Iron County Health Dept.		

Relinquished by:	Date:	Time:	Received by:	Date:	Time:	Comments/sample temp on receipt:	Packing: Ice <input type="checkbox"/>	Cooler <input type="checkbox"/>
Relinquished by:	Date:	Time:	Received by:	Date:	Time:			

Matrix Code: Drinking Water (DW), Ground Water (GW), Water (W), Sediment (Sd), Soil/Solid (S), TCLP (TC), SPLP (SP), Other (O)