



RTI LABORATORIES, INC.

WASTEWATER CHAIN OF CUSTODY

Environmental Sciences Lab
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Please Include Email Address of Report Recipient !!!

SUBMITTING COMPANY:		REPORT TO:		BILL TO:	
SAMPLE LOCATION:		Contact			
Comments		EMAIL ADDRESS:			
		PHONE:		FAX:	
SAMPLER'S PRINTED NAME:		SAMPLER'S SIGNATURE:		DAY OF	
COMPOSITE START DATE:	START TIME:	GRAB DATE:	GRAB TIME:	PERMIT NUMBER:	
COMPOSITE END DATE:	END TIME:	SPECIAL INSTRUCTIONS / COMMENTS			

ANALYSIS REQUIRED (c = composite, g = grab)

_____ Total Arsenic (C)	_____ BOD (C)
_____ Total Chromium (C)	_____ PCB (C/G)
_____ Total Cadmium (C)	_____ TTO Semi Volatiles (C)
_____ Total Copper (C)	_____ TTO Volatiles (G)
_____ Total Lead (C)	_____ Phenolics, Total (G)
_____ Total Mercury (C)	_____ Fats, Oil & Grease (G)
_____ Total Nickel (C)	_____ Cyanide, Amenable (G)
_____ Total Silver (C)	_____ Cyanide, Total (G)
_____ Total Zinc (C)	_____ Field testing (g)
_____ Total Metals (Cr, Cu, Ni, Zn) (C)	pH Measurement: _____
_____ Phosphorus, Total (C)	Temperature: _____
_____ Total Suspended Solids (TSS) (C)	pH Measurement: _____
_____ Total Iron (C)	Chlorine, R _____
_____ NH3-N (C)	D.O. _____
_____ Other: _____	Sampling Date: _____
	Analysis Date: _____
	Time: _____

LAB USE ONLY

SAMPLE ID NUMBER	

Preservation (circle)	
Bottle	pH
_____	_____
Metals	<2 >2
Phenolics	<2 >2
Phosphorus	<2 >2
FOG	<2 >2
_____	<2 >2
_____	<2 >2
Cyanide	<12 >12

REQUIRED TURNAROUND TIME: STANDARD RUSH: _____ DAYS (may result in additional charges)

- Directions:**
1. Separate composite and grab containers
 2. Fill all containers to the top
 3. Date all containers
 4. Store containers at 4 deg C or "on ice" in cooler

- Notes:**
1. The lab should receive samples the day of sampling
 2. NEVER fill one container from another container
 3. Do NOT remove the preservation from the container
 4. AVOID CONTACT WITH PRESERVATIVES!
 5. Call lab immediately if evidence of leaking preservative

Relinquished By:	Date:	Time:	Received By:	Date:	Time:	<p align="center">FOR LAB USE ONLY</p> Were samples preserved <input type="checkbox"/> in field <input type="checkbox"/> in lab <input type="checkbox"/> N/A Were samples filtered <input type="checkbox"/> in field <input type="checkbox"/> in lab <input type="checkbox"/> N/A Temperature of samples _____ °C On Wet Ice ? _____ Comments: _____ _____ Initials: _____ Date: _____
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	Received By Laboratory:	Date:	Time:	