CHAIN OF CUSTODY

BAL LABORATORY

Microbiology Division of Thielsch Engineering, Inc.

185 Frances Avenue, Cranston, RI 02910-2211
Tel. (401) 785-0241 Fax (401) 785-2374
www.ballaboratory.com

BAL Lab #

Turn Time _____Standard Other_____

Specifications / Reporting Limits

Regulatory State: MA RI Other_____

Payment: Amount:$_____

Check#_____ V MC D AmEx

State Forms Required **Yes** **No**

Company	Project #		
Contact	Address		
City	State	Zip	PO #
Tel.	Fax.	email:	
Cell	Persons Authorized To Receive Results		

Analysis

BAL Lab ID	Date	Collection Time	Grab -G Composite-C	Matrix	Sample ID	Pres. Code	# of Containers	Type of Container	Vol of Container										

Container Type: P-Poly G-Glass AG-Amber Glass S-Sterile V-VOA FP-Finished Product

Matrix: S-Soil SD-Solid D-Sludge WW-Wastewater GW-Groundwater SW-Surface Water DW-Drinking Water O-Oil W-Wipes F-Filter R- Rinse SB-Swab FP-Finished Product IP-In Process RM-Raw Material

Cooler Present _____Yes _____No

Seals Intact ____ Yes _____No NA:___

Cooler Temperature: _____

Internal Use Only

[ ] Pickup

[ ] Technician_____

Preservation Code: 1-NP, 2-HCl, 3-H2SO4, 4-HNO3, 5-NaOH, 6-MeOH, 7-Asorbic Acid, 8-ZnAct, 9-Sodium Thiosulfate

Sampled by : Print Signature

Comments:

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 by: (Signature, Date & Time)	Relinquished by: (Signature, Date & Time)	Received by: (Signature, Date & Time)

Please fax to the laboratory all changes to Chain of Custody

1 (White) Lab Copy
2 (Yellow) Client Receipt