

Project Name _____ Reference _____ Address _____ _____ Samplers Signature _____ Samplers Printed Name _____				ANALYSIS REQUESTED					SAMPLE TYPE				NO OF CONTAINERS	COPY OF LAB RESULTS MUST BE SENT TO: Dept. of Environmental Health Hazardous Materials Division P.O. Box 129261 San Diego, CA 92112-9261
				Title 22 Metals (TTLC)	Title 22 Metals (STLC)	pH	Flashpoint/Ignitibility	Other	SOLID	LIQUID	GRAB	COMPOSITE		COMMENTS

SAMPLE NO.	DATE	TIME	LOCATION	Title 22 Metals (TTLC)	Title 22 Metals (STLC)	pH	Flashpoint/Ignitibility	Other	SOLID	LIQUID	GRAB	COMPOSITE	NO OF CONTAINERS	COMMENTS

HMD LAB CUSTODIAN (PRINT NAME)	DATE IN:	TIME IN:	HMD LAB CUSTODIAN (PRINT NAME)	DATE IN:	TIME IN:	HMD LAB CUSTODIAN (PRINT NAME)	DATE IN:	TIME IN:
HMD LAB CUSTODIAN (PRINT NAME)	DATE OUT:	TIME OUT:	HMD LAB CUSTODIAN (PRINT NAME)	DATE OUT:	TIME OUT:	HMD LAB CUSTODIAN (PRINT NAME)	DATE OUT:	TIME OUT:

RELINQUISHED BY	Date	RELINQUISHED BY	Date	RELINQUISHED BY	Date	Sample Conditions
Signature		Signature		Signature		Received On Ice Yes/No Tape Seal Intact Yes/No
Printed Name	Time	Printed Name	Time	Printed Name	Time	Special Shipment/Handling or Storage Requirements:
Company		Company		Company		
RECEIVED BY	Date	RECEIVED BY	Date	RECEIVED BY	Date	Split Sample Location:
Signature		Signature		Signature		
Printed Name	Time	Printed Name	Time	Printed Name	Time	<u>Site Identification</u>
Company		Company		Company		H # _____