TRITEST Chain of Custody

Tritest W.O. # _____

❑ 6701 Conference Drive, Raleigh, NC 27607
ph: (919) 834-4984, fax: (919) 834-6497
NCWW Cert#67, NCDW Cert#37731

❑ 6624 Gordon Road, Unit G, Wilmington, NC 28411
ph: (910) 763-9793, fax: (910) 343-9688
NCWW Cert#75, NCDW Cert#37721

❑ 6300 Ramada Dr., Suite C2, Clemmons, NC 27012
ph: (336) 766-7846, fax: (336) 766-2514
NCWW Cert#103, NCDW Cert#37733

Report Results To:

Company: _____

Address: _____

_____

Attn: _____

Phone: _____

Fax: _____

Bill To:

_____

_____

_____

_____

_____

_____

Project Reference: _____

_____

Project Number: _____

Purchase Order #: _____

☐ Standard Report Delivery

☐ Rush Report Delivery (w/surcharge)
**Rush projects are subject to prior approval by the laboratory

Requested Due Date: _____

Sampled by (signature): _____

Sample Description	Composite or Grab	Start Date / Start Time	End Date / End Time	Matrix (WW, DW, SW GW, Soil, etc.)	Analyses Requested	Tritest Sample#

Relinquished by (signature)	Received by (signature)	Date	Time
Relinquished by (signature)	Received by (signature)	Date	Time
Relinquished by (signature)	Received by (signature)	Date	Time

Receipt Conditions (Lab Use Only)

☐ 4±2°C ☐ Temp: _____°C

Res. Chlorine:

☐ Absent ☐ Present ☐ n/a

Acid preserv. <2?

☐ Yes ☐ No ☐ n/a

Base preserv. >12?

☐ Yes ☐ No ☐ n/a