

City of Kerrville Laboratory

1000 Thompson Drive
Kerrville, TX 78028
830-257-4230

Chain of Custody

Project/System Name:	Report to:	Invoice to:
Project/System Number:		
Sampled by:	Phone:	Phone:
Sampler Phone #:	Email (optional):	Email (optional):
Comments:		

Sample Location	Collection DATE	Collect. TIME	Matrix*	Sample G=Grab C=Comp.	Container G=Glass P=Plastic	Sample Volume	Preser- vation	Analysis Requested	Temp. °C initial/corr.	Lab Sample ID #
		AM PM							/	
		AM PM							/	
		AM PM							/	
		AM PM							/	
		AM PM							/	
		AM PM							/	
		AM PM							/	

* Matrix: WW = Wastewater GW = Groundwater SW = Surface Water

Relinquished by (print & sign):	Date/Time	Received by (print & sign):	Date/Time
Relinquished by (print & sign):	Date/Time	Received by (print & sign):	Date/Time
Relinquished by (print & sign):	Date/Time	Received by (print & sign):	Date/Time