

Client \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: \_\_\_\_\_

Project: \_\_\_\_\_  
 TNC NTNC COMM  
 NPDES SPDES

Samplers Name: (Print) \_\_\_\_\_

Analysis \_\_\_\_\_  
 ECL Sample ID# \_\_\_\_\_

Client I.D.	Sampling Location	Date	Time	Sample Type				Number of Containers													
				Water	Solid	Comp	Grab														

Relinquished by: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Received by: \_\_\_\_\_

Were Samples received within holding time? Y/N  
 Were Samples chilled upon receipt? Y/N  
 Are Samples in appropriate containers? Y/N  
 If No Explain \_\_\_\_\_  
 Are containers broken or leaking? Y/N  
 Did Samples need to be split upon receipt? Y/N  
 Were Samples presented properly? Y/N  
 If No, type needed \_\_\_\_\_

Remarks or Comments: \_\_\_\_\_