

Chain of Custody / Analysis Request

Lab Ref #

Page ___ of ___



Report to: John C. Meyer OREGON CHARTER ACADEMY	Bill to:	21-30310 58518
Address: 30485 SW Boones Ferry Rd STE 102	Address:	
City: Wilsonville St: OR Zip: 97070	City: St: Zip:	Check Regulatory <input type="checkbox"/> Safe Drinking Water Act <input type="checkbox"/> Clean Water Act <input type="checkbox"/> RCRA / CERCLA <input type="checkbox"/> Other
Attn:	Attn: P.O.#:	
Phone:	Phone:	
Email:	Email:	
Project School lead	Card#: Expires /	

Main Lab (800-755-9295)
 1620 South Walnut St. Burlington, WA 98233
Microbiology (888-725-1212)
 805 W Orchard Dr. Suite 4 Bellingham, WA 98225
Portland Lab (503-682-7802)
 9150 SW Pioneer Ct. Suite W Wilsonville, OR 97070
Corvallis Lab (541-753-4946)
 1100 NE Circle Blvd, Ste 130, Corvallis, OR 97330
Bend Lab (541-639-8425)
 20332 Empire Ave Ste F4, Bend, OR 97703

1. Use one line per sample Location.
2. Be specific in analysis requests.
3. List each metal individually
4. Check off analyses to be performed for each sample Location.
5. Enter number of containers.
6. **(NEW)** Report to ___ MDL or ___ PQL **(NEW)**

Analyses Requested

Turn Around Time Required

Standard
 Half-time (50% surcharge)
 Quickest (100% surcharge) Phone Call Req.
 Emergency (Phone Call Req.)

Field ID	Location	Grab/Comp.	Sample Matrix*	Date	Time	LEAD									Number of Containers	Special Instructions Conditions on Receipt
1	43990101-0070S	OUTSIDESPIGOT- back	6 DW	8/5/21	12pm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Are there known hazardous or dangerous wastes in these samples? YES / NO If YES, indicate type on reverse of this form; samples may be returned to you. 1 Total Containers

Sampled by: John Meyer Phone: 541-990-1356 FAX: Email: jmeyer@oregoncharter.org

Sample Receipt Request (Must include Email) * W - water SW - surface water WW - waste water SL - salt water
 DW - drinking water ST - storm water S - soil OL - oil Other:

**Relinquished by	Date	Time	Received by	Date	Time	Custody seals intact	Yes	No	N/A
John Meyer	8/11/21	2:15	[Signature]	8/11/21	2:15		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			EDGE 8/16/21 8:45	10/20		Sample temp 21.1 C satisfactory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Samples received intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Chain of custody & labels agree	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#25