Inter-Mountain Labs, Inc.

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1701 Phillips Circle	*Voice:* 307.682.8945
Gillette, WY 82718	*FAX:* 307.675.3853

It is critical that IML has enough information to prepare your report to meet strict quality review processes. Therefore, please complete the Chain of Custody (COC) form with as much detailed information as possible - especially contact information - to ensure accurate analysis, reporting, and invoicing.

Provide as much contact information as possible.

Include purchase order if required and quote if available.

Provide as much information as possible so that the correct analyses will be performed.

Address where final report will be sent.

Address where invoice will be sent.

Use the "Remarks" area to document field measurements for samples and/or additional sample information.

Information entered in "Sample Identification" will be used in the final report. Include all information necessary for unique sample identification.

Custody Record MUST include signature, date and time.

Use the "Additional Remarks" area to document field observations and/or additional instructions to laboratory.

Inter-Mountain Laboratories, Inc.
Sheridan, WY and Gillette, WY

- CHAIN OF CUSTODY RECORD -

*This is a **LEGAL DOCUMENT**. All shaded fields must be completed.* # 10101

Client Name	Project Identification	Sampler (Signature/Printed)	Telephone #
Acme Environmental Company	Main Street Project / AEC 1234	J ohn Doe / John Doe	(307) 555 - 1212

Report Address	Contact Name and Email
555 First Street Springfield, WY 12345	Bob Smith bsmith@email.com Voice (307) 555-1234 FAX (307) 555-6789
Invoice Address	**Purchase Order #** / **Quote #**
PO Box 123 Springfield, WY 12345	AEC 5678 / 12345

ITEM	LAB ID (Lab Use Only)	DATE SAMPLED	TIME SAMPLED	SAMPLE IDENTIFICATION	Matrix	# of Containers	BTEXN (8260)	TPH-GRO (8015)	TPH-DRO (8015)	NO_2, NO_3, SO_4	pH, EC, TDS	Diss Fe, Mn	Total Cd, Cr, Pb	TOC	REMARKS (pH EC Temp SWL)
1		01/01/04	8:00	MW - 1	WT	6	X	X	X					X	7.1 1200 10.0 93.5
2		01/01/04	8:30	MW - 2	WT	6	X	X	X			X			7.3 1100 9.4 104
3		01/01/04	9:00	MW - 3	WT	7	X	X	X		X		X		7.8 1300 6.3 84.75
4		01/01/04	8:00	010104 TB	TB	2	X	X							
5		01/01/04	14:00	Runoff 1	WT	4				X		X	X		
6		01/01/04	15:35	Runoff 2	WT	4				X		X	X		
7		01/02/04	10:00	Truck 1	OT	2						X	X		Matrix = Oil
8		01/02/04	11:30	Site ABC 1" - 6"	SL	1				X			X		
9		01/02/04	13:30	Site ABC 6" - 12"	SL	1				X			X		
10															
11															
12															
13															
14															

LAB COMMENTS	Relinquished By (Signature/Printed)	DATE	TIME	Received By (Signature/Printed)	DATE	TIME
	J ohn Doe / John Doe	01/02/04	17:00	Mary Jones / Mary Jones	01/02/04	17:00

SHIPPING INFO	MATRIX CODES		TURN AROUND TIMES	COMPLIANCE INFORMATION		ADDITIONAL REMARKS
❑ UPS	Water	WT	**Check desired service**	Compliance Monitoring ?	[redacted] N	Field Conditions 01/01/04: Clear, Calm
❑ Fed Express	Soil	SL	☑ Standard turnaround	Program (SDWA, NPDES, ...)	UST	Field Conditions 01/02/04: Overcast, wind 1
❑ US Mail	Solid	SD	❑ **RUSH** - 5 Working Days	PWSID / Permit #	WY123456	
☑ Hand Carried	Trip Blank	TB	❑ **URGENT** - < 2 Working Days	Chlorinated?	Y / [redacted]	
❑ Other_____	Other	OT	***Rush & Urgent Surcharges will be applied***	Sample Disposal: Lab ___	Client: X	

Specify required turnaround time. Prior notification is required for Rush and Urgent service.

Indicate whether data will be used in compliance monitoring report. Report format may depend on program selected.

Specify who will dispose of sample. Disposal of hazardous samples by IML will result in additional charges to client.