SAN JOAQUIN COUNTY
ENVIRONMENTAL HEALTH DEPARTMENT
600 East Main Street, Stockton, CA 95202
Telephone: (209) 468-3420 ***Fax:*** (209) 464-0138 ***Web:*** www.sjgov.org/ehd

CHAIN OF CUSTODY RECORD

1. Sampler's Name _____ Title _____ Unit_____
2.

Date	Time	Item	Location	ID#	Unit (50 ml or 1 L amber jar, VOA, brass tube, etc.)	Required Analysis	Remarks Condition/Temperature
						☐TTLC ☐ TCLP ☐STLC, if necessary ☐96-Hr Fish Bioassay ☐Cam 17 Metals ☐pH ☐Ignitability ☐Reactivity	
						☐TTLC ☐ TCLP ☐STLC, if necessary ☐96-Hr Fish Bioassay ☐Cam 17 Metals ☐pH ☐Ignitability ☐Reactivity	
						☐TTLC ☐ TCLP ☐STLC, if necessary ☐96-Hr Fish Bioassay ☐Cam 17 Metals ☐pH ☐Ignitability ☐ Reactivity	
						☐TTLC ☐ TCLP ☐STLC, if necessary ☐96-Hr Fish Bioassay ☐Cam 17 Metals ☐pH ☐Ignitability ☐Reactivity	
						☐TTLC ☐ TCLP ☐STLC, if necessary ☐96-Hr Fish Bioassay ☐Cam 17 Metals ☐pH ☐Ignitability ☐Reactivity	
						☐TTLC ☐ TCLP ☐STLC, if necessary ☐96-Hr Fish Bioassay ☐Cam 17 Metals ☐pH ☐Ignitability ☐Reactivity	

3. ☐ Evidence tape **4. ☐ Sample transported in iced cooler**

5. Relinquished by _____, _____, _____, _____
Name Title Date Time

Received by _____, _____, _____, _____
Name Title Date Time

_____
Remarks (condition/temperature)

6. Relinquished by _____, _____, _____, _____
Name Title Date Time

Received by _____, _____, _____, _____
Name Title Date Time

_____
Remarks (condition/temperature)