



**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 <small>(50 ml or 1 L amber jar, VOA, brass tube, etc.)</small>	Required Analysis	Remarks Condition/Temperature
						<input type="checkbox"/> TTLIC <input type="checkbox"/> TCLP <input type="checkbox"/> STLC, if necessary <input type="checkbox"/> 96-Hr Fish Bioassay <input type="checkbox"/> Cam 17 Metals <input type="checkbox"/> pH <input type="checkbox"/> Ignitability <input type="checkbox"/> Reactivity	
						<input type="checkbox"/> TTLIC <input type="checkbox"/> TCLP <input type="checkbox"/> STLC, if necessary <input type="checkbox"/> 96-Hr Fish Bioassay <input type="checkbox"/> Cam 17 Metals <input type="checkbox"/> pH <input type="checkbox"/> Ignitability <input type="checkbox"/> Reactivity	
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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)