Agency Information:	CHAIN OF CUSTODY TRACKING FORM
Company Name (Location of Collection):	
Company Address:	
Company Representative Name:	Phone #:
Company Representative Signature:	
Inspector Name:	

Date: _____

Agency Information:

Inspector Signature:

Date/Time of Forwarded to Laboratory:

Sample # / Inspector #	Name and Description of Item (Condition, Treatment, etc.)	Received by (Name & Signature)	Date/Time
•			

Chain of Custody Cont. (Forwarding samples)								
Sample # /	Date/Time	Released by	Received by	Date/Time	Comments/Location			
Inspector #		(Name & Signature)	(Name & Signature)		(Sample Condition)			
				_				