



AMERICAN WEST ANALYTICAL LABORATORIES
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CHAIN OF CUSTODY

Client UTA# DWR
 Address 195 N 1970 W
 City SLC State UT Zip 84115
 Phone 501 536 3600 Fax _____
 Contact CHRIS BITTNER
 E-mail CBITTNER@UTA.GOV
 Project Name MP 44.9
 Project Number/P.O.# _____
 Sampler Name A ANDERSON / J. HARRIS

Lab Sample Set # 120226
 Page _____ of _____
 Turn Around Time (Circle One)
 1 day 2 day 3 day 4 day 5 day Standard

Sample ID	Date/Time Collected	Matrix	Number of Containers (Total)	TESTS REQUIRED					QC LEVEL				COMMENTS		
				1	2	3	4	5	6	7	8	9		10	
FACT OF I-B	4920392	3/27	9:00	X	X	X	X								
SOUTH MAIN	4920495	3/27	9:30	X	X	X	X								
NORTH ROOM	4920397	3/27	10:30	X	X	X	X								
Room 5	4920499	3/27	10:30	X	X	X	X								
Room 4	4920498	3/27	11:00	X	X	X	X								
Room 3	4920497	3/27	11:20	X	X	X	X								
Room 2	4920496	3/27	11:30	X	X	X	X								
Room 1	4920396	3/27	11:40	X	X	X	X								
SO. from 0397	4920508	3/27	10:40	X	X	X	X								
SO. from 0498	4920507	3/27	11:10	X	X	X	X								
SO. from 0396	4920505	3/27	11:50	X	X	X	X								
TRIP BLANK															

LABORATORY USE ONLY

SAMPLES WERE:
 1 Shipped or hand delivered
 Notes: _____

2 Ambient or Chilled
 Notes: _____

3 Temperature _____

4 Received Broken/Leaking (Improperly Sealed)
 Y
 Notes: _____

5 Properly Preserved
 Y
 Checked at Bench
 Y
 Notes: _____

6 Received Within Holding Times
 Y
 Notes: _____

COC Tape Was:
 1 Present on Outer Package Y N NA
 2 Unbroken on Outer Package Y N NA
 3 Present on Sample Y N NA
 4 Unbroken on Sample Y N NA

Discrepancies Between Sample Labels and COC Record?
 Y N
 Notes: _____

Relinquished By: Signature _____ Date 12/13
 PRINT NAME JAMES HARRIS

Relinquished By: Signature _____ Date _____
 PRINT NAME _____

Relinquished By: Signature _____ Date _____
 PRINT NAME _____

Relinquished By: Signature _____ Date _____
 PRINT NAME _____

Relinquished By: Signature _____ Date _____
 PRINT NAME _____

Received By: Signature _____ Date 12/13
 PRINT NAME JAMES HARRIS

Received By: Signature _____ Date _____
 PRINT NAME _____

Received By: Signature _____ Date _____
 PRINT NAME _____

Received By: Signature _____ Date _____
 PRINT NAME _____

Special Instructions:

