SPL, INC.

Analysis Request & Chain of Custody Record

SPL Workorder No:

Page No. ____ of ____

Client Name:					MATRIX	BOTTLE	SIZE	PRES.		**REQUESTED ANALYSIS**											
Address:					W = Water S = Soil SL = Sludge O = other	P = plastic A = Amber glass G = glass V = vial	1 = 1 liter 4 = 4 oz 40 = vial 8 = 8 oz 16 = 16 oz	1 = HCL 2 = HNO3 3 = H2SO4 O = other	Number of Containers												
Address:			Zip: REQUIRED																		
Phone/Fax:																					
Client Contact:																					
Email:																					
Project Name/No:																					
Site Name:																					
Site Location:																					
Invoice To:																					
SAMPLE ID	**DATE**	**TIME**	**COMP**	**GRAB**																	
			☐	☐																	
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Client/Consultant Remarks:	Field pH:	Laboratory Remarks:	Intact? ☐ Y ☐ N
			Ice? ☐ Y ☐ N
			Temp:

Requested TAT	Special Reporting Requirements: ☐ Fax ☐ Email ☐ PDF ☐ Standard QC ☐ Level 3 QC ☐ Level 4 QC ☐ TX TRRP ☐ LA RECAP		Special Detection Limit: (Specify)	Custody Seals: ☐ Y ☐ N Cooler: ☐ Y ☐ N Container: ☐ Y ☐ N
☐ Contract				
☐ 24 hr	RELINQUISHED BY:	DATE:	TIME:	RECEIVED BY:
☐ 48 hr	1. By Sampler:			2. Received By:
☐ 72 hr	3. By:			4. Received By:
☐ Standard	5. By:			6. Received By:
☐ Other:				

☐ 8880 Interchange Drive, Houston, TX 77054
Phone: 800-969-6775

☐ 500 Ambassador Caffery Pkwy., Scott, LA 70583
Phone: 800-304-5227

☐ 459 Hughes Drive, Traverse City, MI 49686
Phone: 888-775-6424