NEW YORK STATE DEPARTMENT OF HEALTH Biggs Laboratory, Empire State Plaza Albany, New York 12237

Chain of Custody Record

Instructions: This form must be completed for any sample which might be used in enforcement proceedings or litigation.

Transporting Samples: During transport of the sample from sampling site to the laboratory, the chain of custody must be unbroken. Generally, this will require the sample be delivered by the sample collector or his/her designated representative who will sign for the receipt, integrity and transfer of the sample during shipment. If integrity of the sample is questionable, describe problem on the reverse side of this form.

| Sample ID (Lab Use Only) | Field Ref # | Coll. Date | Coll. Time | Collection Point | | Sample Type | |
|-------------------------------|----------------|---------------|---------------|---------------------|------|----------------|--|
| (Lab Ose Omy) | # | Date | Time | Folit | | | |
| | | | | | | Water Air Soil | |
| | | | | | | Water Air Soil | |
| | | | | | | Water Air Soil | |
| | | | | | | Water Air Soil | |
| | | | | | | Water Air Soil | |
| | | | | | | Water Air Soi | |
| | | | | | | Water Air Soil | |
| | | | | | | Water Air Soi | |
| | | | | | | Water Air Soi | |
| Contactor of Communica | | | | | | | |
| Custody of Samples | | Name | | Affiliation | Date | . Time | |
| 1. a. Sample container prepar | ed by | | | | / | / | |
| b. Sample container prepare | | | | | | / | |
| 2. Received by | | | | | | / | |
| 3. Received by | | | | | | | |
| 4. Sample Collected by | | | | | /_ | _/ | |
| 5. Sample Received by | | | | | /_ | _/ | |
| 6. Sample Received by | | | | | /_ | _/ | |
| 7. Sample Received by | | | | | /_ | _/ | |
| 8. Sample Received by | | | | | /_ | _/ | |
| 9. Sample Received by | | | | | /_ | _/ | |
| 10. Sample Received at Lab by | / | | | | /_ | J | |
| 11. Sample Accessioned by | | | | | / | / | |

| Comments | | | |
|----------|------|------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |