RI DEM ER Chain of Custody Form

INCIDENT _____ **CASE NUMBER** _____

SAMPLER _____ **WITNESS** _____

PACKED BY _____

DATE/TIME SAMPLED	SAMPLE ID NUMBER	QUANTITY	CONTAINER TYPE AND PRESERVATIVE *	MATRIX *	COMP	GRAB	SAMPLE PARAMETER																					
TOTAL NUMBER OF CONTAINERS:																												

***Container Type and Preservative Codes**: P = Neutral Plastic; N = Nitric Acid Preserved; C = Sodium Hydroxide Preserved; J = Solvent Washed Acid Rinsed Jar; S = Solvent Washed Acid Rinsed Glass Bottle; VC = Hydrochloric Acid Preserved Vial; VS = Sulfuric Acid Preserved Vial; BS = Sulfuric Acid Preserved Glass Bottle; Z = Zinc Acetate Preserved Bottle; E = EDTA Preserved Bottles; ST = Sterile Bottle; O = Other

***Matrix Codes**: A = air; GW = Groundwater; SE = Sediment; SO = Soil; SW = Surface Water; W = Water (Blanks); O = Other (specify)

SAMPLE ID NUMBER	RELINQUISHED BY	DATE/TIME	RECEIVED BY	DATE/TIME	SEAL INTACT	COMMENTS

REMARKS