

Sample Collector(s)	Title / Work Station	Telephone Number (include area code)
Property Owner	Property Address	Telephone Number (include area code)

Split Samples: Offered? Yes No
 Accepted? Yes No Accepted By (Signature): _____

Lab Use Only

Field ID No.	Date	Time	No. of Containers	Station Location Sample Description	Lab ID Number	Cracked / Broken	Improperly Sealed	Good Condition	Other Comments

Method of Shipment: <input type="checkbox"/> Staff <input type="checkbox"/> U.S. Postal Service <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other—specify: _____	Reason for Sample Collection: <input type="checkbox"/> Anhydrous Ammonia Spill <input type="checkbox"/> Animal Waste <input type="checkbox"/> Illegal Burning <input type="checkbox"/> Dairy Product Spill <input type="checkbox"/> Construction/Storm Water Runoff <input type="checkbox"/> Pesticide Spill * – Specify Pesticide: _____ <input type="checkbox"/> Hazardous Waste Release * <input type="checkbox"/> Petroleum Product Release * – Specify Product: _____ <input type="checkbox"/> Industrial Spill/Runoff * – Specify Industry Type: _____ <input type="checkbox"/> Other – Specify: _____	Was the sample shipping container sealed on receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: center;">* Contact the laboratory with product information and for consultation. Also, include sample of suspected spilled product.</p>
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I hereby certify that I received and properly handled these samples as noted below:

Relinquished By (Signature)	Date / Time	Received By (Signature)	Date / Time
Relinquished By (Signature)	Date / Time	Received By (Signature)	Date / Time
Relinquished By (Signature)	Date / Time	Received for Laboratory By (Signature)	Date / Time

Disposition of Unused Portion Sample:

Dispose

Return

Retain for _____ Days

Other _____

If you need additional room for notes, use the back of this form.