


Chain Of Custody

FILL OUT CHAIN OF CUSTODY (C.O.C.) IN BLOCK CAPITALS ONLY

BLOCK CAPITALS	PROJECT INFORMATION	CUSTOMER INFORMATION	INVOICE DETAILS	SAMPLE INFORMATION	
 <p>Monitoring and Testing Services</p> <p>Fitz Scientific 35 Boyne Business Park Drogheda Co. Louth A92 D52D 041 9845440</p>	<p>QUOTE Ref No:</p> <p><u>PURCHASE ORDER NO.</u> <small>MUST BE PROVIDED OTHERWISE SAMPLES WILL NOT BE ANALYSED</small></p> <p>Sample Delivery: (please tick)</p> <p>By Customer <input type="checkbox"/></p> <p>Fitz Scientific Technician <input type="checkbox"/></p> <p>Courier <input type="checkbox"/></p> <p>Post <input type="checkbox"/></p>	<p>Company Name:</p> <p>Contact Name :</p> <p>Address:</p> <p>Email:</p> <p>Mobile:</p> <p>Landline:</p>	<p>If different from customer information supplied</p>	<p>If you require a faster turnaround than standard, this needs to be arranged with Sales or the Lab in advance of sample arriving for analysis. Noting it on the sample bottle or COC is not suffice. ALWAYS LABEL BOTTLES CLEARLY IN BLOCK CAPITALS</p> <p>WATER TYPE (Please Circle)</p> <p>Drinking Surface Ground Leachate Sewage Process Estuarine Industrial Effluent Other</p> <p>SOLID TYPE (please Circle)</p> <p>Soil WAC Sludge Other</p>	
<p>EMAIL THIS C.O.C. in advance to LAB at login@fitzsci.ie</p>		<p><u>USE BLOCK CAPITALS ONLY</u></p>			
<p>SAMPLING DATE</p>	<p>SAMPLING TIME</p>	<p>SAMPLE REFERENCE OR ID (This reference will appear on your Certificate - Customer chooses how they wish to identify their samples on the Cert.) <u>USE BLOCK CAPITALS ONLY</u></p>	<p>TESTS / PARAMETERS / SUITES REQUIRED. BLOCK CAPITALS ONLY</p>		
<p>LABORATORY RECEIPT INFORMATION</p>	<p>TO BE COMPLETED BY LABORATORY PERSONNEL</p> <p>Time Received _____ Cooler Box Temperature _____</p> <p>Received By _____ Received Date _____</p>	<p>PRESERVATIVE</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	<p>Time Dependent Parameters</p> <p>BOD <input type="checkbox"/> MICRO <input type="checkbox"/></p>		<p>TO BE COMPLETED BY FIELD SERVICES PERSONNEL</p> <p>Report to accompany certificate, please tick (√)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Customer Signature: _____ Date: _____ I have used correct bottles with sufficient sample volume for the tests I require and have FILLED OUT THIS FORM CLEARLY IN BLOCK CAPITALS</p>					

HAZARDOUS SAMPLE

All sample received at Fitz Scientific require Material Safety Data. If no MSDS, pleaser complete the following hards form and enclose with samp

CHEMICAL HAZARDS	Yes		No		Other	
Irritant	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Corrosive	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Flammable	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Explosive	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Volatile	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Toxic	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Carcinogenic	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Highly Reactive	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Unknown	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
PHYSICAL HAZARDS						
Pressurised	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Temperature Control	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Unknown	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
OTHER						
Micro-organisms	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Blood / Blood Products	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Controlled Substance	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Not fully tested - treat as hazardous	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	