CHAIN OF CUSTODY FORM (C.O.C.) - BLOCK CAPITALS ONLY

FITZ SCIENTIFIC
MONITORING & TESTING

Fitz Scientific
Unit 35a
Boyne Business Park
Drogheda
Co. Louth A92 D52D
041 9845440

QUOTE REF NO:

PURCHASE ORDER NO:

Sample Delivery: (please tick)

By Customer ☐
Fitz Scientific Technician ☐
Courier ☐
Post ☐

EMAIL this form in advance to login@fitzsci.ie

COMPANY NAME

CONTACT NAME

ADDRESS incl Eircode

PHONE:

EMAIL:

INVOICE DETAILS
Payment to be made on submission of samples unless credit approval is in place, otherwise samples not be processed.

Fast turnaround times will not proceed unless they have been agreed with Sales in advance of samples arriving

WATER TYPE (please tick)
Drinking Water: Private Well ☐ Public Mains Supply ☐
Surface ☐ Ground ☐ Leachate ☐ Process ☐
Sewage Effluent ☐ Industrial Effluent ☐ Estuarine ☐ Other ☐

SOLID TYPE (please tick)
Soil ☐ Sludge ☐ Other ☐

SAMPLING DATE	SAMPLING TIME	YOUR SAMPLE REFERENCE Choose your own reference to identify the sample on the Certificate of Analysis	TESTS REQUIRED

Customer Signature: _____ **Date:** _____

I have used correct bottles with sufficient sample volume for the tests requested.

LABORATORY **RECEIPT** INFORMATION

Time Received _____ Cooler Box Temperature _____

Received By _____ Received Date _____

TO BE COMPLETED BY FIELD SERVICES PERSONNEL

Report to accompany certificate, please choose
YES ☐ **NO** ☐