



Chain of Custody (COC) for Total Coliform / E. Coli

Field Sample Data				Sample Receipt (To be completed by Lab)			
Date:		Person(s) to Send Report to:		Received in Ice? Y or N			
Client:		Email or Address for Report:		Temperature of sample bottle(s) (°C):			
Collected By:		Permit # (if applicable):		IR Thermometer ID:			
Collector's Contact Info (phone / email):		System Name (if applicable):		Refrigerator Storage ID:			
Number of Coolers:		System Address (if applicable):		Sample(s) Accepted? Y or N:			

Sample #	Sample Point (Location)	Collection Time	Sample Type ¹	pH	Person Performing Chlorine Analysis ²	Field Residual Chlorine (mg/L)	Chlorine Analysis Method (e.g. DPD)	Perservative in bottle? Y or N	Labworks Unique ID #	Notes

Note 1: Indicate the sample type for each sample collected. Sample type codes are: D=Distribution, C=Repeat/Check, R=Raw, N=Entry Point to Distribution, P=Plant Tap, S=Special (clearance, etc).
 Note 2: Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems. Examples include: (1) A certified operator #; (2) Supervised by certified operator #; (3) Employed by a certified lab; (4) Employed by DEP or DOH; (5) Authorized representative of supplied water.

Chain of Custody			
Relinquished By:	Date:	Time:	Notes:
Received By:	Date:	Time:	
Relinquished By:	Date:	Time:	
Received By:	Date:	Time:	
Reviewed By:	Date:		