

<b>Client Information</b>
Client:
Contact:
Address:
City / State / Zip:
Telephone:
Fax:



640 Marlboro Street / Route 101 Keene NH 03431  
 (603) 357-2577 / (800) 760-4246 / Fax: (603) 352-3899  
 www.eai-labs.com / chem@eai-labs.com

<b>Project Information</b> if applicable
System/Client Name:
System/Client Location:
EPA ID or Permit #:
Project Description:
Water Source: Drinking / Surface / Waste
Sampler Name: _____ Phone #: _____

Sample ID --- (this column for lab use)	Sample Location	Date and Time Collected	Composite or Grab (C/G)	No. of Containers	Chlorinated (Y/N)	Preservative (Y/N)	Analysis requested: Identify the preservative used, if any								Comments	

<b>Custody</b>	Date:	Time:
Sampled by:		
Relinquished by:		
Received by:		
Relinquished by:		
Received by:		

<b>Receipt Checklist</b>	Y / N
Received within hold time?	Y / N
Received enough volume for analysis?	Y / N
Received within acceptable temperature range?	Y / N
Received with appropriate preservative?	Y / N
Received in acceptable condition for analysis?	Y / N

EAI Analytical Labs' Sample Acceptance Policy can be found on our website.