



Sample Chain of Custody Form
NSHC Environmental Health Drinking Water Lab
P.O. Box 966, Nome, Alaska 99762 | 907-434-2851

Water System Name:	Public Water System ID #:
Water System Mailing Address:	
Water System Contact Person:	
Phone, fax, email:	

Purpose of Analysis:

- Routine Coliform
 Repeat Coliform
 Special Purpose : _____
 LT2, Raw Water Sample

Sample ID	Date Collected	Time Collected	Sample Collection Point Name and Description	Chlorine Residual	Collected By:
		am/pm			
Sampler Comments/Special Instructions:					
List name of carrier, date, and time for transit to NSHC DW Lab. Report any change to this within 24 hours to NSHC DW Lab:					
<ul style="list-style-type: none"> Follow your <i>Site Sampling Plan</i> to identify the correct location for your routine coliform sample. Follow your <i>LT2 Sample Schedule</i> to identify correct dates & location for sample submission. Send samples Mon.–Thur. at beginning of each month. Samples received on Fri. will not be processed. LT2 Raw Water samples must arrive chilled or within 2 hours of collection. Contact the Analyst on Call at 434-2851 and let us know when your sample should arrive. 					

lab use only below

RECEIVED:

Lab Sample ID	Date & Time Received	Arrival Temp. (LT2 only)	Method	Rejected? Reason?	Analyst Initials
		°C	<i>Colisure / Colilert</i>		

ANALYSIS & RESULTS:

Date & Time Analysis	Analyst Initials	Date & Time Results	Analyte	Results			Analyst Initials
				Colisure (+/-)	Colilert		
			Coliform		# Large wells +	# Small wells +	MPN
			E. coli		# Large wells +	# Small wells +	
Comments:							
Lab Results Reported By:				Date/Time:			