

## **Chain of Custody (C.O.C) Checklist**

PLEASE MAKE SURE THESE IMPORTANT AREAS ARE FILLED OUT

Complete Contact Info for Submitting Company  • Located on the upper right side of the form
Project Number / Sampling Date / Project Address
<ul> <li>Located on the upper left side of form</li> <li>Must have Project Address where samples were taken</li> </ul>
Indication of Type of Sample
<ul> <li>dust, soil, or paint – use Form F001H         <ul> <li>for paint choose wt or mg/cm²</li> <li>wt = percent Pb by weight mg/cm² = weight of Pb per area sampled</li> </ul> </li> <li>air – use Form F001G</li> <li>drinking water – use Form F041</li> <li>TCLP – use Form F052</li> </ul>
Request for Turnaround Time (TAT)
<ul> <li>Time starts at the receipt of samples by Accurate Analytical Testing</li> <li>If no TAT is indicated, our default is <u>72 HR or greater</u></li> <li>Drinking Water samples are not applicable for a 24 hour TAT</li> </ul>
Sample ID / Description / Wipe Area Dimensions
<ul> <li>Number on the sample (example 1, 2, 3 etc.)</li> <li>Sample ID numbers should match the container the sample is in</li> </ul>
<ul> <li>DUST WIPES - Location (floor, window sill, window trough)</li> <li>Wipe Area - dimensions of sampling area in inches (example: 12 in x 12 in)</li> <li>AIR SAMPLE - record the sampling time, flow rate and volume of air sampled</li> <li>TCLP - description of sample</li> </ul>
<ul> <li>DRINKING WATER – sample volume (mL), collection time, samples acidified</li> <li>If applicable – number of containers per sample, WSSN # , sample type/purpose</li> </ul>
Signature of person who took sample and date relinquished to Accurate Analytical Testing

Form F031D Effective: 03/07/2024

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