

COMPANY NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
NAME OF PERSON TO CONTACT:		
CONTACT PERSON'S PHONE:	FAX:	
CONTACT PERSONS'S EMAIL:		
CLIENT PROJECT NO.	CLIENT P.O.#	CLIENT PROJECT NAME

SAMPLE DESCRIPTION	DATE	TIME	MATRIX*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Signature	Print Name	Company	Date	Time
Sampled By:			*****	*****
Relinquished By:				
Received By:				
Relinquished By:				
Received By:				

Key* Matrix: SW=(Surface Water), GW=(Ground Water), WW=(Waste Water), DW=(Drinking Water), SL=(Sludge), SO=(Soil), AS=(asbestos), LPG=(Liquid Petroleum), AG=(Air/Gas), Other: LIST

REMARKS:



2703 Oak Grove Road, Hattiesburg, MS 39402 www.batco.com
 Phone No. 601-264-2854 Fax No. 601-268-7084

PARAMETERS FOR ANALYSIS								NUMBER OF CONTAINERS	I=Ice N=HNO ₃ S=H ₂ SO ₄ O=NaOH T=Na ₂ S ₂ O ₃ C=HCl Z=ZnOAC V=VOA	LABORATORY USE			
										Turn Around Time			
										Std	5 day	4 day	3 day
										48 Hr	24 Hr	Same Day	
								PRESERVATION	Work Order Number:				
									Remarks				

Signature	Print Name	Company	Date	Time
Sampled By:			*****	*****
Relinquished By:				
Received By:				
Relinquished By:				
Received By:				

REQUEST BATCO TO DISPOSE OF ALL SAMPLE REMAINDERS (Signature) IF SAMPLE IS DETERMINED TO BE HAZARDOUS, A MINIMUM ADDITIONAL CHARGE OF \$30.00 PER SAMPLE WILL BE ASSESSED.	DCN: BA-001 REV# 1.5 ED:05/07/2015
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SAMPLE RECEIPT FORM

Client: _____
 Work Order: _____

Does this project fall under: NPDES, RCRA, CLP, Litigation or other EPA guidelines or Yes or No

Shipping Method			
Client	Lab	Fed Ex	UPS
Courier	US Postal	Other:	
Airbill Number: _____			

Cooler ID	Custody Sealed Yes/No	Custody Seal Intact Yes/No/NA	Ice Present Yes/No	Temperature	Therm. ID

If no ice, were the samples received within one hour of collection?	Yes	No	NA
If samples were collected within 1 to 6 hours, has chilling begun?	Yes	No	NA
Was a Temperature Blank used?	Yes	No	NA
If not, temperature was taken from	<div style="display: flex; justify-content: space-between;"> Sample Container Cooler </div>		
Packing Material: Bubblewrap, peanuts, vermiculite, ice, other: _____	Yes	No	NA

Sample containers received intact	Yes	No	NA
Custody seals present on bottles	Yes	No	NA
Correct containers used for the tests indicated? Who's: BATCO/Client	Yes	No	
Correct preservation used	Yes	No	NA
Sample pH <2 or >12 for required analysis	Yes	No	NA
Sufficient aliquot of sample for tests indicated	Yes	No	
Samples requiring no headspace, headspace free? (VOA vials cannot have air bubbles greater than 6mm)	Yes	No	NA
Chains of custody filled out properly? (ink, signed, dates, etc.)	Yes	No	
Bottle labels complete and agree with COC? (ID, time, date, preservation?)	Yes	No	
Samples received within holding times for requested analysis?	Yes	No	

If this project is for compliance purposes, do all samples conform (All Yes or NA) to criteria required for the requested analyses? Yes No NA

If No, the client must be notified before the analysis can be started. A Corrective Action, containing the client contacted, date and time of phone call, who contacted the client and wheather the client would like to continue with testing.

Corrective Action #: _____

** IF client request 72 HOUR or less TAT or a sample is received with an EXPIRING or < 72 Holding Times, it is the Signers Responsibility to notify the department immediately _____
Initial

Signature: _____

DCN: BA-002
 REV# 1.5
 ED:05/07/2015