

The Truman Lab



107 N Jefferson St
Neosho, MO 64850
(417) 346-7158

Chain of Custody - Public Drinking Water Supply

Client Name		Client Phone		Client Email		Client Address	

Sampler Name	Public Water Supply (PWS) ID	Sample Types	Analysis Required (Check ✓)	Residual Chlorine		LAB USE ONLY	
		Routine Repeat Replacement Special		Free	Total	Sample Batch Number	

Sample Order #	Collection Date	Collection Time	Sample Type	E. Coli	Total Coliform	Free	Total	Unique Sample Number	Analysis Results	
									E. coli	Total Coliform

1										
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Collection Location / Sample Location ID:										
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2										
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Collection Location / Sample Location ID:										
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3										
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Collection Location / Sample Location ID:										
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4										
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Collection Location / Sample Location ID:										
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5										
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Collection Location / Sample Location ID:										
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1. Relinquished By:		1. Received By:		Date:	Time:	Approved By:				
2. Relinquished By:		2. Received By:		Date:	Time:					

Client Comments										

Lab Comments										

Instructions

- 1) This form accommodates up to 5 samples. Information must be provided for EACH sample. If additional samples are required, use a new form. Each sample collection point should correspond to a **Sample Location ID**, provided by MoDNR. Additionally, a **Public Water System (PWS) ID** must be provided.
- 2) On the form for EACH sample, indicate the **Date** of collection, **Time** of collection in 24-hour time, **Sample Type** (reason for sampling), check (✓) the **Analysis Required**, and provide the **Free** and **Residual Chlorine** of the collection location. Lastly, provide the **Sample Location ID**.
- 3) Using a permanent marker, label each sample container with the **Sample Order #** (if a **Unique Sample Number** is not prefilled), **Date**, and **Time** of collection in 24-hour time. Circle the **Sample Order #** on the container (if applicable). Initial the bottle cap. For example, the first sample collected would be initialed, labeled "1" (circled), and show the collection **Date** and **Time**. This sample information must correspond with the other sections on this form for **Sample Order #1**. The sample will be labeled by laboratory staff with the **Unique Sample Number** upon receipt at the laboratory (if not done so prior).
- 4) Ensure all non-patterned boxes are completed. When samples change custody, the **Relinquished By** and **Received By** sections must be completed by both parties exchanging the samples. If two samples are **Duplicates** of each other, circle the **Sample Order #** of both samples on this form (not common).
- 5) The time between sample collection and the placement of sample in the incubator at the lab must not exceed 30 hours. Therefore, samples must be delivered to the lab within 24 hours of collection, between 9am and 4pm on Wednesdays and Thursdays only in order to provide ample time for lab analysis. Store samples at <10°C. This form must be delivered with the sample, and the lab will return it with the analysis results. Results may be shared with MoDNR and others, as required by law.