

Watershed Watch Chain of Custody Record

Sample #	Stream Name			Date sample taken	
Sampling Location (correct or add location info if necessary)				Time sample taken	
Name of "Supervising Sampler" on site when sample collected:				Lab Notes:	
If name not correct, please enter proper name in Comment Box				Sampler ID#	
	Telephone:				
Flow Rate	48 Hr Rainfall "	Turbidity	Water Chemistry		
<input type="checkbox"/> 0-Dry	<input type="checkbox"/> 0	<input type="checkbox"/> 0-Clear	Oxygen ppm	pH SU	
<input type="checkbox"/> 1-Ponded	<input type="checkbox"/> 0.1	<input type="checkbox"/> 1			
<input type="checkbox"/> 2-Low	<input type="checkbox"/> 0.5	<input type="checkbox"/> 2			
<input type="checkbox"/> 3-Normal	<input type="checkbox"/> 1.0	<input type="checkbox"/> 3-Turbid	Conductivity	Temp C	
<input type="checkbox"/> 4-Bank Full	<input type="checkbox"/> 1.5				
<input type="checkbox"/> 5-Flood!	<input type="checkbox"/> 2.0 +				
General comments, questions, corrections, concerns or suggestions.					
When transporting samples to the lab, it is necessary to have each person that controls the sample to sign when they receive it AND when they relinquish it.					
Relinquished by:		Time/Date	Received by:		Time/Date

This form must accompany your sample to the lab. The first signature in the "relinquished by" column must match the "supervising Sampler's" name!

Make a copy for yourself, then send the original on its way with your sample runner. Please correct errors on the pre-printed part of this record. If you have questions or difficulties, please contact us at 1-800-928-0045 Ext 473