

# CHAIN-OF-CUSTODY

Laboratory Information	Original Copy of Report Sent To:	Special Instructions:																											
Laboratory: Soil Control Lab Address: 42 Hangar Way : Watsonville, CA 95076 Phone: (831) 724-5422	Company: Contact: Address1: Address2: City, St. Zip: Phone: _____ Fax: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="5">Other Analyses Requested</th> <th colspan="3">Lab Use Only:</th> </tr> </thead> <tbody> <tr> <td rowspan="5" style="width: 15%;"></td> <td rowspan="5" style="width: 15%;"></td> <td rowspan="5" style="width: 15%;"></td> <td rowspan="5" style="width: 15%;"></td> <td rowspan="5" style="width: 15%;"></td> <td style="width: 15%;">Storage</td> <td style="width: 15%;">Location:</td> <td style="width: 15%;">Freezer #:</td> </tr> <tr> <td>Refrigerator #:</td> </tr> <tr> <td>Shelf #:</td> </tr> <tr> <td>Shipper:</td> </tr> <tr> <td>Sample Condition</td> </tr> </tbody> </table>								Other Analyses Requested					Lab Use Only:								Storage	Location:	Freezer #:	Refrigerator #:	Shelf #:	Shipper:	Sample Condition
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		Sample Condition																											
<b>Person from your company to be contacted with questions</b>																													
Name: Phone #s:																													
<b>Information on facility that the sample was drawn from</b>	<b>E-mail Reports To: (in box below fill in up to 3 address)</b>																												
Company: Contact: Address1: Address2: City, St. Zip: E-mail Addr: Phone:	<b>Invoice Sent To:</b> Company: Contact: Address1: City, St. Zip:																												
<b>Sampler's Printed Name:</b>	<b>PO#:</b>																												
Sample Identification	Date & Time Sampled	Complete Compost Pkg																											
		STA	No STA																										

**\*Optional:** Help us in our research. Please list your feedstock and approximate % used, process, and age of material. Thank you.

	Manure type & %	Biosolids %	MSW %	yard waste %	Foodwaste	Industrial type & %	Other type & %	Comp. Process	Age of material
Sample 1									
Sample 2									
Sample 3									
Sample 4									
Sample 5									

Released By (Signature and Printed Name):	Date/Time:	Received By (Signature and Printed Name):	Date/Time:
		Susan Ussler/ Stefani Skrovan	