## ADEM LABORATORY ANALYSIS REQUEST & SAMPLE CHAIN-OF-CUSTODY RECORD - DRINKING WATER IN SCHOOLS AND DAYCARES

Laboratory:	Central	Location C	Code:	DW-Sch	<u>ool</u>	Fund	Code:	<u>250</u>	Project:	Drinking \	Water - Sc	ater - School/Daycare			Sai	mple Date:		
																	(m/d	l/yy)
LIMS Collector:	School-Da	ycare Col	<u>lector</u>	Sampler:	Name					Email					Phone			
																i	ncl area code	1
Facility Name:		0-610-		Address:				City:				Zip:			County:			
	Name of	School or Da	ycare															
Parameter:	Total Lead	l in DW	Samp	le Type:	<u>Grab</u>		Media:	<u>PW</u>	Pr	eservative:	<u>None</u>	Con	tainer:	<u>250 mL</u>	Plastic			
OTE Include this completed, signed form in the box with the samples  Total number of fixtures used for																		
human consumption at facility																		
ype of bumple function 1 = 1 minute of mist draw, 1 = 1 billion up 1 dash, unless of mist draw																		
Sample Location					Collection Time	Type of Sample*			on Notes Refridgerato	or.	ADEM USE ONLY							
ique Short Description Kitchen Sink#1, Kitchen Sink#2, Outside Faucet					(AM /PM)				playground)			Lab ID	Number		Temp 'c'	<b>pH</b> s. <i>u</i> .	Presv (y/n)	lced (y/n)
AMPLE(S) COLLECTED BY	<u> </u>		Signature)		_					RELEASED BY	Z SAMDI ED			(Signature)		DATE/TIME		
AWFLE(S) COLLECTED BY	ı	(	Signature)							RELEASED B1	JAMPLEK			(Signature)		DATE/TIME		
ECEIVED BY			Signature)			DATE/TIME			_	RELEASED BY	,		(Signature)			DATE/TIME		
ECEIVED BY		(-	Signature)			DATE/TIME				KELEASED B1	ı		(Signature)			DATE/TIME		
ECEIVED BY			Signature)			DATE/TIME			_	RELEASED BY	<u> </u>		(Signature)			DATE/TIME		
ECEIVED BY		(-	Signature)			DATE/TIME							(Signature)			DATE/TIME		
ECEIVED AND CHECKED I	IN LAB BY	(;	Signature)			DATE/TIME			_ Lab S	end Report To:	Laura '			LAT@adem. em			<b>334-27</b>	1-7820 one
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