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Field Sample Collection Chain-of-Custody Form

**Total Vapor-Phase Mercury Testing
Sorbent Trap Method**

Field Record

Sample ID or Name	Sampling Location	Sample Date/Time	Sample Duration	Field Notes

Company Name/Project Manager _____

Project No. _____

Sampling Personnel or Sample Custodian: _____

Print Name - Signature/Date/Time

Transfer Record

Shipper: Relinquished by _____
Signature/Date/Time

Identification of Shipping Company: _____
FedEx/UPS/Other

Laboratory: Received by _____
Signature/Date/Time

Observations/Condition of Samples

1. _____
2. _____
3. _____
4. _____

