

NH PUBLIC HEALTH LABORATORIES - WATER LAB LOGIN AND CUSTODY SHEET

(Laboratory Policy: Samples not meeting method requirements will be analyzed at the discretion of the DPHS, PHL.)

Samples must be delivered in a cooler with ice or ice packs.

LAB ACCOUNT (Billing) 8802000

One Stop Project: EPABEACH

NHDES Site Number _____

Description: LAKE WINNIPESAUKEE ALTON BAY TB

Town: ALTON

Temp. °C. _____

Collected by: _____

Contact & Phone #: _____

Sample Location / Station ID	Date Time Sampled	# of Containers	Matrix	E. Coli (swim)	Enterococci					Sampler Comments	Lab Login #
BCHBAYALTLF			A Q								
BCHBAYALTCR			A Q								
BCHBAYALTRT			A Q								
			A Q								
			A Q								
			A Q								
			A Q								

Relinquished By _____ Date and Time _____ Received By _____

Relinquished By _____ Date and Time _____ **Received For Laboratory By** _____

Matrix: A=Air S=Soil AQ=Aqueous (Ground Water, Surface Water, Drinking Water, Waste Water) Other: _____

Page ___ Of ___ Data Reviewed By _____ Date: _____

Section No.: 22.0
 Revision No.: 7
 Date: 07 - 2011
 Page 1 of 1

AQUEOUS SAMPLE RECEIPT CHECKLIST (TO BE COMPLETED BY DHHS DPHS PUBLIC HEALTH LABORATORY STAFF ONLY)

NA = Not Applicable

Physical Inspection of the sample containers and submitted paperwork	Yes	No	NA	Inspection Comments and Sample Information
PROJECT (PWS) # current?/ Name				Project (EPA) # or name _____
Temperature of the sample or temperature blank				Temperature _____ °C
Condition of sample(s) acceptable? (Check for leakage, breakage , and volume)				
Was the paperwork submitted adequate and completely filled out? Hold times acceptable?				
Do the paperwork and sample labels agree?				
Preservation listed on the sample bottle(s)?				
Do VOAs or Radon have air bubbles ?				
For EPA 504.1 and 524.2 , was the lab-provided Field Reagent Blank returned with samples to the lab?				
How did the laboratory receive the sample(s)?				<input type="checkbox"/> Hand delivered or Mail <input type="checkbox"/> Ice <input type="checkbox"/> Cold Packs(s) <input type="checkbox"/> Nothing
Was the sample(s) received in a cooler ? What was used to lower the temp?				
Complete the lines below if applicable				
Was the Client contacted by phone?				Date _____ Time _____
Reason _____				Initials _____
Additional Comments:				
If present, was the Custody of Seal intact?				
Was the sample(s) subcontracted ? List the samples which were sent and tests requested:				Contract Lab: _____ Date/Time _____ Name of Staff Releasing Sample: _____