

Chain of Custody

Laboratory Use Only: COC#



Red River Authority of Texas
Environmental Services Laboratory
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Report Information	
Company Name:	
Contact Name:	
Address:	
City / State / Zip:	
Phone :	
Email:	

Billing Information (if different from above)		Project Information		Analysis Required													
Address:		Priority: <input type="checkbox"/> Normal <input type="checkbox"/> 50% Rush <input type="checkbox"/> 100% Rush															
City / State / Zip:		Project Name:															
Contact Name:		Project Location:															
Phone :		Sampler Name/Sampler Affiliation															
Email:		PO Number or Reference															
Matrix Codes:	D = Drinking Water N = Non-Potable Water S = Solids O = Other _____																
Preservation Codes: (Circle all that apply)	1 = None 2 = HNO3 3 = H2SO4 4 = HCl 5 = NaOH 6 = Ice 7 = Other _____																
Container Type Codes: (Circle all that apply)	P = Plastic G = Glass V = VOA Vial A = Amber I = IDEXX O = Other _____																
Laboratory Use Only	Sample Description	Date(s) Collected	Time(s) Collected	Matrix Code	Preservation	# of Containers	(C)omp / (G)rab										

Sample Custody Documentation				
Sampler's Name: (Signature)	Date/Time Relinquished:	Received By: (Signature)	Date/Time Received:	Special instructions/ comments:
Relinquished By: (Signature)	Date/Time Relinquished:	Received By: (Signature)	Date/Time Received:	
Relinquished By: (Signature)	Date/Time Relinquished:	Received By: (Signature)	Date/Time Received:	