Commonwealth of the Northern Mariana Islands
OFFICE OF THE GOVERNOR
Division of Environmental Quality
ENVIRONMENTAL SURVEILLANCE LABORATORY
P.O. Box 501304 C.K., Saipan, MP 96950-1304
Tels.: (670) 664-8500/01
Fax: (670) 664-8540

Chain of Custody and Analysis Request Record

PLEASE PRINT - Provide as much information as possible.

NO: DEQ- 0906

Company Name	Project Name, PWS, Well Permit No. (WOP), Etc.	Phone No.	Fax No.
Sampler (Please Print)	Sampler (Signature)	Receipt Temp.: _____ c	On Ice: Yes No

MATRIX KEY

☐ DW = Drinking Water ☐ SW = Surface Water

☐ GW = Groundwater ☐ WW = Wastewater

☐ OT = Other _____

Custody Seal Yes No
Intact Yes No
Signature Match Yes No

SAMPLE IDENTIFICATION (Name, Location, Interval,etc.)	Collection Date	Collection Time	MATRIX	Number of Containers	ANALYSIS REQUESTED										Composite	Grab	Preservative	Comments	Lab ID NO.
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Custody Record MUST be Signed	Relinquished by (print)	Date/Time:	Signature:	Received by (print):	Date/Time:	Signature:
	Relinquished by (print)	Date/Time:	Signature:	Received by (print):	Date/Time:	Signature:
	Sample Disposal:	Return to Client	Lab Disposal:	Received by Laboratory:	Date/Time:	Signature:

White - LABORATORY Yellow - SDW Pink - CLIENT