**School ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Lead Reduction in School Drinking Water**

**Chain of Custody Form**

|  |  |  |  |
| --- | --- | --- | --- |
| School: |  | School District: |  |
| Address: |  |
| Sampler: |  |

|  |
| --- |
| **Samples Collected** |
| **Fixture ID** | **Sample****Date** | **Sample****Time** | **Sample Type/Purpose**Circle onePrimary (RT/PS), Follow Up (CO/F), Remediation (SP/RE) | **Sample Description/Location** | **Lab Number**(Lab use only) |
|  |  |  |  RT/PS CO/F SP/RE  |  |  |
| 6665 |  |  |  RT/PS CO/F SP/RE  |  |  |
|  |  |  |  RT/PS CO/F SP/RE  |  |  |
|  |  |  |  RT/PS CO/F SP/RE  |  |  |
|  |  |  |  RT/PS CO/F SP/RE  |  |  |
|  |  |  |  RT/PS CO/F SP/RE  |  |  |
|  |  |  |  RT/PS CO/F SP/RE  |  |  |
|  |  |  |  RT/PS CO/F SP/RE  |  |  |
|  |  |  |  RT/PS CO/F SP/RE  |  |  |
|  |  |  |  RT/PS CO/F SP/RE  |  |  |
|  |  |  |  RT/PS CO/F SP/RE  |  |  |
|  |  |  |  RT/PS CO/F SP/RE  |  |  |
|  |  |  |  RT/PS CO/F SP/RE  |  |  |
|  |  |  |  RT/PS CO/F SP/RE  |  |  |

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| **Chemistry Lab Information** |
| Lab Samples Submitted to:  | Account #: Labs send invoice to DEQ | Term Contract Number:  |
| Invoice Contact: Send invoice to DEQLeadInSchools@mt.gov |
| Contact Name & Phone:  | Contact Email:  |
| EDD [x]  Format: LTS\_Version5  |
| 1) Relinquished By & Date/Time: | 1) Shipped By: Hand [ ]  FedEx/UPS [ ]  USPS [ ]  | 1) Received By & Date/Time: |
| 2) Relinquished By & Date/Time: | 2) Shipped By:Hand [ ]  FedEx/UPS [ ]  USPS [ ]  | 2) Received By & Date/Time: |

 Lab Use Only - Delivery Temperature: Wet Ice °C Dry Ice °C Rev. 11/26/2019