**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 one  Primary (RT/PS), Follow Up (CO/F), Remediation (SP/RE) | **Sample Description/Location** | **Lab Number**  (Lab use only) |
|  |  |  | RT/PS CO/F SP/RE |  |  |
| 6  6  6  5 |  |  | 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 |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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  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