

Laboratory Name  
Address  
City, State, Zip  
Phone/Fax Numbers

Example Combination External Chain of Custody Record/Field Test Data Sheets  
for USEPA Methods TO-15 and 3C

Corporate Logo

|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------|---------------------------------|--------------------------|-------------------------|--|---|----------------------------|---------------------------|--|--|--------------|--------|-----------------|----------------------------------|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|-------------------------------------|--|---------------------|----------|-------------------------------------|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Client Contact Information</b>                           |            | <b>Project Manager:</b>         |                          |                         |  | <b>Carrier:</b>                         |                            |                           |  |  |              |        | <b>of COCs</b>  |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Company:  |            | Phone:                          |                          |                         |  | Samplers Name(s)                        |                            |                           |  |  |              |        | <b>Analysis</b> |                                  |                                     |  | <b>Matrix</b>                       |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Address:  |            | Site Contact:                   |                          |                         |  |   |                            |                           |  |  |              |        | TO-15           | EPA 3C                           | Laboratory Specific Required Fields |  | Laboratory Specific Required Fields |  | Laboratory Specific Required Fields |  | Laboratory Specific Required Fields |  | Indoor /Ambient Air | Soil Gas | Laboratory Specific Required Fields |  | Laboratory Specific Required Fields |  |  |  |  |  |  |  |  |  |  |  |  |
| City/State/Zip  |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Phone:  |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| FAX:  |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Project Name:   |            | <b>Analysis Turnaround Time</b> |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Site:   |            | Standard (Specify)              |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| PO #  |            | Rush (Specify)                  |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Sample Identification</b>                                |            | Sample Date(s)                  | Time Start (24 hr clock) | Time Stop (24 hr clock) | Canister Pressure in Field ("Hg) (Start) | Canister Pressure in Field ("Hg) (Stop) | Interior Temp. (F) (Start) | Interior Temp. (F) (Stop) | Outgoing Canister Pressure ("Hg) (Lab) | Incoming Canister Pressure ("Hg) (Lab) | Flow Reg. ID | Can ID | Can Size (L)    | Flow Controller Readout (ml/min) | Can Cert ID                         |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
|   |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Special Instructions/QC Requirements &amp; Comments:</b> |            |                                 |                          |                         |  |   |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Canisters Shipped by:                                       | Date/Time: | Canisters Received by:          |                          |                         |  | Date/Time:                              |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Samples Relinquished by:                                    | Date/Time: | Received by:                    |                          |                         |  | Date/Time:                              |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Relinquished by:  | Date/Time: | Received by:                    |                          |                         |  | Date/Time:                              |                            |                           |  |  |              |        |                 |                                  |                                     |  |                                     |  |                                     |  |                                     |  |                     |          |                                     |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |