MBAS Order ID: ___________________

MBAS
Monterey Bay Analytical Services

Chain of Custody / Analysis Request

4 Justin Court, Suite D, Monterey, CA 93940
(831) 375-MBAS (6227) * Fax: (831) 641-0734
info@mbasinc.com www.MBASinc.com

Client / Company Name:	Attention:	Email Address(es) to Send Report/Invoice:	Phone Number:
Project/System Info:	State System ID:	Billing Address:	Contract/ P.O. #:

For Regulatory Reporting? ☐ YES ☐ NO (Please select one)

Requested Analysis

LAB USE ONLY
1. ☐ DW ☐ WW ☐ Soil ☐ Other ____________
2. Is there evidence of chilling? Y / N N/A < 2hrs
3. Adequate sample volume? Y / N
4. Was the sample filtered? Y / N
5. Did bottles agree with the COC? Y / N

IR Used:

MBAS Lab #	Source Code or Client Sample ID	Sample Description	Sample Collection		Receiving Temp (°C)	Coliform Analysis					Container			Requested Analysis				Preservative (include pH) Initials:				
			Date	Time		CL2 Residual (mg/L)	Routine	Other	Repeat	Special	# Cont.	Type*	Size					HNO3	H2SO4	NaOH	HCl	Na2S2O3
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	Printed Name	Signature	Date	Time	Comments
Sampled and Relinquished by:					
Received by:					
Relinquished by:					
Received by:					*Container Type: P=Plastic, G=Glass, V=Various

☐ **Payment Received** Check #: Amount: Date:

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