



CHAIN OF CUSTODY RECORD

Date: _____
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NORTHERN TECHNOLOGY & TESTING

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Company Name: _____
 Address: _____

 City, State, Zip: _____
 Telephone: _____
 Fax: _____
 Contact: _____

Billing Information:

Company Name: _____
 Address: _____

 City, State, Zip: _____
 Telephone: _____
 Fax: _____
 P.O. Number: _____

Sample Identification	Date Sampled	Time Sampled	Sample Location/ Position	Tests Required	# of Jars	Sampling Method	Remarks: (Type/Appearance)	Lab Use Only Control Number
Total Number of Containers						Sampler's Signature: _____		

Relinquished by:	Company	Relinquished by:	Company	Relinquished by:	Company
Received by:	Company	Received by:	Company	Received by:	Company
Date / Time	Temp (C)	Date / Time	Temp (C)	Date / Time	Temp (C)