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LOZIER
ENVIRONMENTAL CONSULTANTS
MAINLINE GROUP OF COMPANIES

REPORT TO:	INVOICE TO:
Client Name OR Company:	Name/Company:
Address:	Address:
City,State Zip:	City,State Zip:
Phone: Fax:	Phone: Fax:
E-Mail:	Purchase Order #:

LAB ID:
PROJECT NAME:
TURNAROUND TIME: Standard Rush

SAMPLE INFORMATION				MATRIX / SAMPLE TYPE					REQUESTED ANALYSES					LAB USE ONLY	
LAB ID *(Lab Use Only)*	SAMPLE DESCRIPTION / LOCATION	SAMPLE DATE	SAMPLE TIME	AIR	WATER: P=Potable NP=Non-Potable	SOIL / SOLID	WIPE / SWAB / TAPE LIFT	OTHER SAMPLE COMMENTS / INFORMATION							

Container Type (Circle One): Plastic Glass Sterile Other _____

Delivery (Circle One): Client Drop-Off / Courier

SAMPLED BY*:

RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:

*The above signatures hereby authorize subcontracting of samples as required for laboratory analysis

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FOR LAB USE ONLY

PRESERVATIVE/BIOCIDE: _____
TOTAL NUMBER OF CONTAINERS: _____
CUSTODY SEAL INTACT? YES NO
SAMPLE ON ICE? YES NO
TEMPERATURE: _____ C

SAMPLE IN COMPLIANCE: YES NO

FOR POTABLE WATER ONLY:
COLIFORM BACTERIA:
Present Absent
If Present, Date Client is contacted with result:
Date:_____
Contacted By:_____