Environmental Resource Technologies 131 Arlington Ada, Oklahoma 74820 Phone (580) 332-8808 Fax (580) 421-9110

						CHAIN OF CUST	ODT				
CLIENT NAME:	PROJECT NAME :										
Lab Log #	Date Sample Taken	Time Sample Taken	Matrix Water (W) Soil (S) Sludge (SI) Other	G R A B	C O M P	Client I.D. Sample Location	Temp C, F	No. of Container (p)=plastic (g)=glass	Size of Container 1L, 500mL, 250mL, etc.	Analysis Requested	Sample Presv.
Comments:	_										
comments.											
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Sampled By: Date				Date/Time:		Received By:	Date/Tim	Date/Time:			
Relinquished By: Date/Time				e/Time:		Received By:	Date/Tim	Date/Time:			
Relinquished to Lab By: Date/Time:				e:		Received at Lab By:	Date/Tim	Date/Time:			
						l					
Report To:						Send Invoice To:				PO#	
Address:					Address:						
Phone/Fax Number:						Phone/Fax Number:					
FILUTIE/FAX NUMDEI"						FILLING/Fax Number.					