Busby Environmental Services, Inc.
email: tanny@besinc.net
www.besinc.net
Phone (713) 254-3471

Work Order #:_____

Analysis Request and Chain of Custody Record

Name:			Phone:
Address:			Email:
City:	State:	Zip:	Alternate Contact:
Contact:			

Project No. PROCESS | Client/Project

Lab ID No.	Field Sample No. / Identification	Date & Time	Grab	Comp	Sample Container (Size/Mat'l)	Sample Type (Liquid, Sludge, etc.)	Preservative	ANALYSIS REQUESTED	pH	D.O.	Temp.	Analysis Time

Samplers: (Signature)	Relinquished by: (Signature)	Date: Time:	Received by: (Signature)	Date: Time:
	Relinquished by: (Signature)	Date: Time:	Received by: (Signature)	Date: Time:
Affiliation				
	Relinquished by: (Signature)	Date: Time:	Received by Lab: (Signature)	Date: Time:

Seal Intact? ☐ Yes ☐ No

Seal Intact? ☐ Yes ☐ No

Seal Intact? ☐ Yes ☐ No

Remarks:	FLOW:_____	Cl_2 Residual:_____	Arrival Temp.	Site Representative:
	Meter Reading:_____	Mn Correction:_____	Act:_____ Corr._____	Comments:
	H_2S:_____	Cl_2 Correction:_____	Therm. ID:_____	

BUSBY ENVIRONMENTAL SERVICES, INC. B~E~S