

soiltest farm consultants

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Laboratory Chain of Custody

Client: Please fill out:			Copy of report sent to:		Job #/ Name							
Company:			Company:		Payment Method: Credit Card Est. Acct.							
Contact:			Contact:		Tests required	Tests required	Tests required	Tests required	Lab Use Only			
Address:			Address:									
City, ST, Zip.:			City, ST, Zip.:									
Telephone:			Telephone:									
Fax:			Fax:									
e mail:			e mail:									
			Requested Tests									
			USCC & DOT CTDS Test C1 C2		State: DOT CTDS Test C3		Other 1	Other 2	Other 3	Other 4	Sample Condition	LAB ID
Sample Identification	Date Sampled	Sample Matrix										
1												
2												
3												
4												
5												

Please list your feedstock and approximate percent used, process, and age of material. THANKS

Compost #	manure type & %	biosolids % used	MSW % used	yard waste % used	foodwaste % used	industrial type & %	other type & %	composting process	age of material
Sample 1									
Sample 2									
Sample 3									
Sample 4									
Sample 5									

Releasing		Receiving		Date	Time
Releasing Signature 1		Receiving Signature 1			
Releasing Signature 2		Receiving Signature 2			
Releasing Signature 3		Receiving Signature 3			

Submission of samples to Laboratory with a Chain of Custody constitutes a contract for services requested. Provide payment detail with each COC. If no payment information is provided, you will be contacted by the laboratory. We will make every effort to provide an accurate analysis of this sample. For reasonable cause, we will repeat the tests, but because of factors beyond our control, in sampling procedures and inherent sample variability in compost, soils and plants, our liability is limited to the price of the tests.