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To assist us in using the proper analytical methods,
 is this work being conducted for regulatory purposes?
 Compliance Monitoring _____

REPORT TO: Client Name: _____ PWS ID #: _____

Address: _____

City/State/Zip Code: _____

Contact Name: _____

Telephone Number: _____ Fax: _____

Email Address: _____

Sampler Name: (Print Name) _____

Project Name: _____

BILL TO: Client Name: _____

Address: _____

City/State/Zip Code: _____

Contact Name: _____

Telephone Number: _____ Fax: _____

Email Address: _____

Quote # _____ PO# _____

Sampler Sign at Bottom of Page

TURN AROUND TIME _____ Standard _____ Rush (surcharges may apply) Date Needed: _____ Fax Results: Y N Email Results: Y N SAMPLE ID	COMPOSITE SAMPLE				GRAB SAMPLE		Matrix SL - Sludge DW - Drinking Water GW - Groundwater S - Soil/Solid WW - Wastewater Specify Other	Preservation & # of Containers						ANALYZE FOR:				FIELD ANALYSIS BY SAMPLER					
	START		END		DATE	TIME		HNO ₃	NaOH	H ₂ SO ₄	HCl	None	Other (Specify)					Field pH	Flow (gpm or cfs) circle one	Field Fluoride	Field DO	Field Chlorine (mg/L or ug/L) circle one	Field Temperature (°C or °F) circle one
	DATE	TIME	DATE	TIME																			

Special Instructions: _____

LABORATORY COMMENTS:
 Rec Lab Temp:
 Bottles Preserved?
 Yes _____ No _____

Sampler Signature: _____	Date: _____	Time: _____	Received By: _____	Date: _____	Time: _____
Relinquished By: _____	Date: _____	Time: _____	Received By: _____	Date: _____	Time: _____