BRIDGER ANALYTICAL LAB, INC.

7539 Pioneer Way, Suite B
Bozeman, MT 59718

(406) 582-0822

Fax (406) 582-0967

CHAIN OF CUSTODY RECORD#

Project Name

Client/Company Name-Report Mail Address

Report Contact Name, Phone, Fax, E-Mail

Invoice Address

Invoice Contact & Phone

PWSID#

Operator No.

Sampler Name (Please print)

ANALYSIS REQUESTED

Contact BAL prior to Rush Request for charges & scheduling

Sample Type	SAMPLE IDENTIFICATION (Location, Site)	Collection Date	Collection Time	Chlorine RES P.P.M.	BacT $28.00	N + N $28.00	EC $11.00								See Attached	RUSH TURNAROUND (TAT)	Comments	LABORATORY USE ONLY

Relinquished by(print) date/time Signature

Received by(print) date/time Signature

Relinquished by(print) date/time Signature

Received by(print) date/time Signature

Sample Type is identified as followed: **RT- Routine RP- Repeat or check sample**

R- Replacement sample(sample required when previous sample was unsatisfactory because of interference)

S- Special sample(taken from water not being used for public consumption or special investigation)

# of Containers