

CITY OF HOUSTON

Lab Date/Time Stamp

Field No: _____

Inorganic Lab Chain of Custody Form

Houston Health Department
Bureau of Laboratory Services
2250 Holcombe Blvd.
Houston, TX 77030
832-393-3900

Submitter: _____

Matrix: Drinking Water

Address: _____

Phone Number: _____

Email address: _____

Sampled By: _____

Date Sampled: _____ Time Sampled: _____ (circle one)
AM/PM

Site Address: _____ Site ID/Permit#: _____

Sample Description: _____

Customer acknowledges that Copper in drinking water is NOT NELAP certified, but that Copper in non-potable water is NELAP certified. Customer still requires analysis.

Relinquished by: _____ Received By: _____ Date: _____

Request for Analysis: (Circle all requested parameters)

1 - Pb (Lead)

2 - Cu (Copper)

Lab Use Only:

On ice: Yes / No pH < 2: Yes / No Additional Information: _____
Sample Temperature: _____ °C Acid ID# _____
Corrected Temperature: _____ °C Thermometer ID _____