Chain-of-Custody Form

| Facility Name: | |
|--|--|
| Station ID: | |
| | (The Station ID is an abbreviated version of the DOE or DHHS ID. For example, SCH-00000 or CB- 00000. You can find it at bit.ly/NHLeadID) |
| Facility Address: | |
| Samples Collected By: Contact Name & Phone Number: | |
| Relinquished (Shipped) By: | |
| Date and Time: | |

| H | Get the Lead Out of Drinking Water |
|---|---|
| | Reducing lead exposure at schools and child care programs |

| | For lab use only: |
|------------------------|---|
| Project ID: LEADTEST | |
| Received By: | |
| Date & Time: | |
| Received Tem | perature: |
| Requested Ana | alysis: Stagnant Lead by EPA Method 200.8 |
| | Matrix: Drinking Water |
| Visit the New Hampshir | re Department of Environmental Services YouTube for |
| instruct | tional videos! youtube.com/@NHDES |
| | |

Questions while collecting samples? Call the Get the Lead Out of Drinking Water Helpline at (603) 506-6469.

| OUTLET TYPES: BF: Bathroom Faucet CF: Classroom Faucet DF: Drinking Fountain IM: Ice Machine KF: Kitchen Faucet NS: Nurse's Sink O: Other R: Refrigerator | | | | | | |
|---|--|----|-----------------------|-----------------|--|--|
| O: Other R: Refrigerator | | | | IM: Ice Machine | | |
| | | 0: | Other R: Refrigerator | | | |

| Station ID | Outlet Number | Sample Date | Sample Time | Floor Number | Outlet Type | Location/Room Number | Investigative (Flush) Sample? (Y/blank) | Notes |
|---|---|-------------|-------------|--------------------------------------|--------------------------------|---|---|----------|
| Five digit licensing ID provided by DOE or DHHS, with the "SCH" or "CB" abbreviation. | Unique number assigned chronologically (1, 2, 3) to each outlet that was sampled. This should match the Outlet Inventory. | MM/DD/YYYY | нн:мм | Floor where outlet is located. | See abbreviations above. | Description of where the outlet is located - a room number, or general description (e.g. Library, Hallway outside Room 200, etc.). | Flush samples may be collected for locations with elevated lead. If you are unsure, leave this blank. | Optional |
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