

Chain of Custody Form

Sample Number:		
Important! All requested information must be filled	l out for the waste to be accepte	ed and processed
Generator Information:		
Generator Company		
Name:		_
Mail Address:		_
Site Address:		_
Contact:Phor	Phone Number:	
EPA ID Number:		_
Broker Information:		
Broker Name:Address:		
Contact:Phoi	ne Number:	
Sample Information:		
Note: A grab sample is to be collected in all cases where organi should be representative of the waste or biased toward the world the wo		d. A composite sample
Waste Description:		
Waste Codes:Quan	ntity to be Shipped:	
Sampling Method: Grab: (Required for Organic Analystreatability Study)	sis)Composite: (Required for Inc	organic Analysis and
Sampler Name/Signature:	Date/Time:	
Relinquished To Name:	Date/Time:	
Send sample to: Max Environmental Technologies, PA 15698 Fax: 724-722-3520 ATTN: Jeffery Funk		
ANALYSIS NEEDED: (check all needed)	REPORT TO: TA	<u>.Τ:</u>
Form U AnalysisXRF MetalsTCLP Metals on Raw Sample		
Treatability StudyOther		_