



MAX Environmental Technologies, Inc.
Chain of Custody Form

Sample Number: _____

Important! All requested information must be filled out for the waste to be accepted and processed

Generator Information:

Generator Company Name: _____

Mail Address: _____

Site Address: _____

Contact: _____ Phone Number: _____

EPA ID Number: _____

Broker Information:

Broker Name: _____

Address: _____

Contact: _____ Phone Number: _____

Sample Information:

Note: A grab sample is to be collected in all cases where organic compound analysis is to be conducted. A composite sample should be representative of the waste or biased toward the worst possible case.

Waste Description: _____

Waste Codes: _____ Quantity to be Shipped: _____

Sampling Method: ___ Grab: (Required for Organic Analysis) ___ Composite: (Required for Inorganic Analysis and Treatability Study)

Sampler Name/Signature: _____ Date/Time: _____

Relinquished by Name/Signature: _____ Date/Time: _____

Received by Name/Signature: _____ Date/Time: _____

Relinquished by Name/Signature: _____ Date/Time: _____

Received by Name/Signature: _____ Date/Time: _____

Relinquished by Name/Signature: _____ Date/Time: _____

Received by Name/Signature: _____ Date/Time: _____

Relinquished by Name/Signature: _____ Date/Time: _____

Received by Name/Signature: _____ Date/Time: _____

Send sample to: Max Environmental Technologies, Inc. Phone: 724-722-3500 233 Max Lane / Yukon, PA 15698 Fax: 724-722-3520 ATTN: Jeffery Funk E-mail: drfunk@maxenvironmental.com

<u>ANALYSIS NEEDED (check all needed)</u>	<u>SEND REPORT TO</u>	<u>REQUESTED LAB/TAT</u>
Form U Analysis		
XRF Metals		
TCLP Metals on Raw Sample		
Treatability Study		
Other _____		