



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

Table with 3 columns: ANALYSIS NEEDED (check all needed), SEND REPORT TO, REQUESTED LAB/TAT. Rows include Form U Analysis, XRF Metals, TCLP Metals on Raw Sample, Treatability Study, and Other.