LEGACY ENVIRONMENTAL
LABORATORY, LLC

Lab Use Only / Project ID

pg ____ of ____

Sampler Information*

Client*

Sampled By*

Phone* ( ) -

Receive copy of report (email on file): ☐ Yes ☐ No

Notes:

Project Information*

Project Name*

PO#

Add'l Reporting email(s)*

Project Handling Information

COLLECTION Signature:* _____ Date*: _____

RELINQUISHED Name*: _____ Date & Time*: _____

Tracking # (optional):

	Sample ID	Test Code	Sample Location	Potable	Non - Potable	Coling Tower	Retest (Y/N)	Surface Area*	Time Collected	
				Water (mL)				Surface (cm²)	HH:MM	AM/PM
1							Yes			AM
2										AM
3										AM
4										AM
5										AM
6										AM
7										AM
8										AM
9										AM
10										AM
11										AM
12										AM
13										AM
14										AM

COC Must be completed in INK

Water Test Codes	
WWB-LEG-008	Legionella, CDC ELITE, Water
WSB-LEG-005	Legionella, CDC ELITE, Surface
WWB-HPC-011	Heterotrophic Plate Count, Culture, Water

Lab Use Only

Sample Condition Upon Receipt [ ] Acceptable [ ] Not Acceptable (notes on COC)

Received By: **Date/Time**

Legacy Environmental Laboratory, LLC 's Terms and Conditions are incorporated into this Chain of Custody (COC). Submission of samples to LEL, LLC constitutes acceptance and acknowledgment of all terms and conditions by Customer.