EASTEX ENVIRONMENTAL LABORATORY, INC.

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REPORT TO:

(1) Company _____
Address _____
_____
Attn. _____
Phone # _____
Fax # _____

INVOICE TO:

(2) Company _____
Address _____
_____
Attn. _____
Phone # _____
Fax # _____
P.O. # _____

(8) ANALYSIS REQUESTED

Sampler's Name (please print) _____ Sampler's Signature _____

Project Number _____ (3) Project Name _____ (7) Containers

Remarks: _____

Order ID	(4) Sample ID	Date	Time	(5) C/G	DO	PH	Cl2	Flow	Temp	(6) Matrix	#Con	Size	Type	Pres									

Relinquished By: (Signature) Received By: (Signature) Date Time Received Iced: Yes / No

Relinquished By: (Signature) Received By: (Signature) Date Time Received Iced: Yes / No

Relinquished By: (Signature) Received and/or Checked in By: (Signature) Date Time Received iced: Yes / No

LAB USE ONLY Sample Condition Acceptable: Yes / No | Temp °C | * Therm ID | Logged in By: (Signature) Date Time

Alternate Check In: (Signature) Date Time

White Copy-Follows Samples
Yellow Copy-Laboratory
Pink copy-Client Copy

SEE BACK FOR INSTRUCTIONS

*Thermometer has 0.0 factor and recorded temperature is actual temperature.