## CHAIN-OF-CUSTODY

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						· «90 01					
Laboratory Information		Original Copy of Report Sent To:				Special Instructions:					
Laboratory Soil Control Lab	Company:										
Address: 42 Hangar Way : Watsonville, CA 95076	Contact:										
Phone: (831) 724-5422 Fax: (831) 724-3188	Address1:										
Person from your company to be contacted with questi	i <b>ons</b> Address2	Address2				Other Analyses Requested				e Only	
Name:	City, St. Zip								Storage	Ļ	
Phone #s:	Phone:	Fa	IX:						Location	n:	
Information on facility that the sample was drawn from	m E-mail R	E-mail Reports To: (in box below fill in up to 3 address)							Freezer	· #:	
Company:											
Contact:									Refriger	rator #	
Address1:		Invoice Sent To:									
Address2	Company:	Company:							Shelf #:		
City, St. Zip	Contact:	Contact:									
E-mail Addr:	Address1:	Address1:							Shipper	:	
Phone:	City, St. Zip:	City, St. Zip:									
Sampler'sPrinted Name:	PO#:				her tests						
Sample		Date & Time Complete Compost Pkg			er ot				Sam	nple	
Identification		Sampled	STA Member	Non-Member	Ent				Cond	lition	
1											
2											
3											
4											
5											
*Optional: Help us in our research. Please list	your feedstock and a	pproximate % used, pro	cess, and age of	material. Tha	nk you.			I			
		vord woote 9/				011-011		Comp. Dro			

	Manure type & %	Biosolids %	MSW %	yard waste %	Foodwaste	Industrial type & %	Other type & %	Comp. Process	Age of material
Sample 1									
Sample 2									
Sample 3									
Sample 4									
Sample 5									
Released	Released By (Signature and Printed Name):		Date/Time:	Received E	By (Signature and Prin	Date/Ti	Date/Time:		