ORISE/ESSAP
P.O. BOX 117
OAK RIDGE, TN 37830

CHAIN-OF-CUSTODY RECORD

EMERGENCY CONTACTS
(865) 576-5073
(865) 241-3242

Site_____**Sample Type**_____

Samplers_____
Note: If more than one name is listed, circle the sample custodian.

ESSAP SAMPLE NUMBER	Sample Information	Collected		Remarks
		Date	Time	

Transport Method_____**Seal No.**_____

1. Relinquished by:	**Date**	**Time**	***Received in good condition by:**
2. Relinquished by:	**Date**	**Time**	***Received in good condition by:**
3. Relinquished by:	**Date**	**Time**	***Received in good condition by:**
4. Relinquished by:	**Date**	**Time**	***Received in good condition by:**

***For sample received in unacceptable condition explain in "Remarks" column.**

Distribution: **Original to individual having custody**
Copy filed in field data

Figure B-16