

CHAIN OF CUSTODY RECORD



Client: _____
 Client Project / Project No.: _____
 Project Location (City, State) _____
 Client Contact _____
 Client Phone: _____
 Fax: _____

 Geotechnics Contact: _____
 Geotechnics Project No.: _____

Send Report To: _____

 Send Invoice To; _____

| BORING | DEPTH | SAMPLE No. | CONTAINER | QUANTITY | LIQUID | SOIL | AGGR | TESTING / REMARKS |
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| RELINQUISHED BY | DATE | FIRM | RECEIVED BY | DATE | FIRM |
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