



HAWAII FOOD & WATER TESTING LLC
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CHAIN OF CUSTODY

Company: x
Address: x
Contact Name: x
Phone: x
Email: x

Temp Control (Lab use):
Job/Project: x
P.O. #:
Sampled By: x
Type of Sample:

Lab #	Sample Description	Date	Time	Analysis Requested
x		x	x	x

RELINQUISHED BY		RECEIVED BY	
Sign: x	Date: Time:	Sign:	Date: Time:
Print: x	x x x	Print:	

SPECIAL INSTRUCTIONS