



YORK ANALYTICAL LABORATORIES  
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# Field Chain-of-Custody Record-AQUATIC TOXICITY and Related Chemistry Analyses

**NOTE:** York's Std. Terms & Conditions are listed on the back side of this document.  
 This document serves as your written authorization to York to proceed with the analyses requested and your signature binds you to York's Std. Terms & Conditions.

York Project No. \_\_\_\_\_

<b>Facility Information*</b>	<b>Report To:</b>	<b>Invoice To:</b>	<b>YOUR Project ID</b>	<b>Type of Testing</b>	
Company: _____	Company: _____	Company: _____	<b>Purchase Order No.</b>	<b>Acute 24hr</b> <input type="checkbox"/>	Stormwater Report/CT _____ Effluent Report/CT _____
Address: _____	Address: _____	Address: _____		<b>Acute 48hr</b> <input type="checkbox"/>	
Phone No. _____	Phone No. _____	Phone No. _____	Samples from: CT__ NY__ NJ__	<b>Acute 96hr</b> <input type="checkbox"/>	Stormwater Report/NY _____ Effluent Report/NY _____
Contact Person: _____	Attention: _____	Attention: _____		<b>Chronic</b> <input type="checkbox"/>	
E-Mail Address: _____	E-Mail Address: _____	E-Mail Address: _____	<b>Water Type</b>		Stormwater Report/NJ _____ Effluent Report/NJ _____
*A current copy of the permit for this facility has been received by York or is attached <input type="checkbox"/> Permit No(s). <i>Permit details are required to perform proper testing for compliance purposes.</i>			<b>Freshwater</b> <input type="checkbox"/> <b>Saltwater</b> <input type="checkbox"/>		<i>Other</i> _____

<b>Other Specific Instructions</b>	<b>Rainfall pH</b> <small>(for Stormwater)</small>	<b>Specific Species Required</b>	<b>Protocol Type</b>
		<i>Ceriodaphnia dubia</i> <input type="checkbox"/> <i>Daphnia pulex</i> <input type="checkbox"/> <i>Pimephales promelas</i> <input type="checkbox"/>  <i>Cyprinodon Variegatus</i> <input type="checkbox"/> <i>Mysidopsis (Americamysis) bahia</i> <input type="checkbox"/>  <i>Menidia beryllina</i> <input type="checkbox"/> _____ <input type="checkbox"/>	Definitive LC50 <input type="checkbox"/>  Pass/Fail Screening/NOAEL <input type="checkbox"/>  Chronic <input type="checkbox"/>
	<b>SECTOR</b> <small>(for Stormwater-A through J)</small>		

Sample Identification	Date(s) Sampled		Time (s) Sampled		Collection Method		Type of Sample (please check one)				Chlorine Detected		Container Description(s)
	Start	End	Start	End	Grab	Comp.	WWTF Effluent	Receiving Water	Stormwater	Ind. Effluent	In Field (Y or N)	on Receipt (Y or N)	

<i>Comments/Special Instructions</i>	<b>Samples Collected By</b> _____	Date/Time _____	<b>Samples Received By</b> _____	Date/Time _____	<b>Temperature on Receipt</b>  _____ °C
	<b>Samples Received By</b> _____	Date/Time _____	<b>Samples Received in LAB by</b> _____	Date/Time _____	