


SAMPLE SUBMITTAL/ CHAIN OF CUSTODY (SSCOC) FORM

ARF No. _____

SSCOC No. _____

Customer Name:		Customer Address:		 <p>Department of Environment and Natural Resources ENVIRONMENTAL MANAGEMENT BUREAU Environmental Research and Laboratory Services Division DENR Compound, Visayas Avenue, Quezon City Tel No. (0632) 8426-4332, 8426-4339, Email: erlsd@emb.gov.ph</p>											
Project Name:		Tel No.:													
Sampled By:															
Sampling Source:				(TO BE FILLED UP BY ERLSD)											
Submitted By:		Date:		Time:		Mode of Delivery		Condition of Sample Received		Category of Sample		Payment			
(Signature and Printed Name)		(mm/dd/yy)		(0000 H)		<input type="checkbox"/> Walk-in <input type="checkbox"/> EMB <input type="checkbox"/> Courier <input type="checkbox"/> Others _____		<input type="checkbox"/> Frozen <input type="checkbox"/> Cold <input type="checkbox"/> Ambient <input type="checkbox"/> Preserved <input type="checkbox"/> Others _____		<input type="checkbox"/> Y <input type="checkbox"/> N Sealed <input type="checkbox"/> Y <input type="checkbox"/> N Intact <input type="checkbox"/> Y <input type="checkbox"/> N Number of Sample match COC		<input type="checkbox"/> Private <input type="checkbox"/> Regional <input type="checkbox"/> Project <input type="checkbox"/> EMB <input type="checkbox"/> Others		OR No.:	
														Amount:	
Special Instructions/ Comments:						Received By:		Date:		Time:		Sample Initially Stored at:			
						(Signature and Printed Name)		(mm/dd/yy)		(0000 H)					
						Total No. of Samples Received: _____								Samples Relinquished to	
Lab Sample No.	Sample Identification	Sample Type	Date/Time Sampled		Field Preservation	Container		Qty Received	Temp (°C)	Laboratory Unit Concerned:					
			mm/dd/yy	0000 H		No.	Type			Date:	Time:				
										Name of Lab Personnel					
										Remarks:					
Sample Type									Sample Disposal/ Return						
(AA)-ambient air (AS)-source emission (Creek)-creek (Falls)-falls (F)-fishpond (LW)-Lake water (RW)-river water (SW)-spring water (R)-rainwater (DW)-deepwell (TW)-treated water (SE)-sewage (LCH)-leachate (So)-soil (Sed)-sediment (WW)-wastewater (IN)-influent (EF)-effluent (OF)-outfall (QC)-QC/PT sample (LF)-landfill (MW)-mining waste (SLG)-sludge (O)-oil (C)-crustacean (Fish)-fish (SF)-shellfish (SG)-seagrass (FB)-field blank, others, specify _____									<input type="checkbox"/> Laboratory Procedure <input type="checkbox"/> Other, specify _____ Total Quantity Disposed/ Returned: _____ () milliliters _____ () grams () others _____						
Container Type: (Al)-Aluminum (AIS)-aluminum foil solvent rinsed (GS)-glass solvent rinsed (GA)-glass amber (G)-glass (P)-plastic									Disposed By/ Returned To:		Date:				
									(Name and Signature)		mm/dd/yy				

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Waiver Agreement

By signing this waiver agreement, _____ of _____ agrees to the following terms:
(name of the customer) *(name of the company)*

1. The customer is informed of the laboratory's requirement in terms of holding time, sample container, sample preservation and minimum sample amount as stated in ERLSD Sample Handling Guide.
2. The customer understands the associated risks of not meeting the sample handling requirements as stated above.
3. The customer agrees to submit the sample/s and allow the laboratory to perform the requested analysis/es despite of
 - ___ exceedance to prescribed holding time
 - ___ improper sampling bottle/ container
 - ___ unpreserved/ inappropriate preservation
 - ___ insufficient/ inadequate sample

Signature

Date

Position/ Designation