

Chain of Custody Record

Laboratory: Greenmist Analytics							Analysis Requested							*Business Name:		
Address:							Other	Address:								
License #:								License #:								
Phone:								Phone:								
Contact:								Contact (client):								
Contact Email:								Contact Email:								
Batch Number	Matrix	Sample Name	Date	Time Started	Time Ended	Total weight	Potency <input type="checkbox"/>	Pesticides <input type="checkbox"/>	Residual Solvents <input type="checkbox"/>	Terpenes <input type="checkbox"/>	Metals <input type="checkbox"/>	Microbiology <input type="checkbox"/>	Water Activity <input type="checkbox"/>	Moisture <input type="checkbox"/>	Batch size (weight or unit count)	Comments: (sampling conditions or problems encountered if any)
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sampler Name (print/date):														Client Name (print/date):		
Sampler Name (sign/date):														Client Name (sign/date):		
							<p>Each time the sample changes custody between licensees, is transported or destroyed:</p> <p>Relinquished by: _____ Date: _____ Time: _____ Received by: _____ Date: _____ _____ Time: _____</p> <p>Relinquished by: _____ Date: _____ Time: _____ Received by: _____ Date: _____ _____ Time: _____</p> <p>Relinquished by: _____ Date: _____ Time: _____ Received by: _____ Date: _____ _____ Time: _____</p> <p>Once custody of sample changes between licensees, this CoC form for that change of custody may not be altered.</p>									

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Lab Use Only: <input type="checkbox"/> Proper Container <input type="checkbox"/> Proper Temperature <input type="checkbox"/> Proper Sample Size Lab Comments: _____		Analysis : TAT (<small>Ask about Availability)</small> <input type="checkbox"/> Standard 5 day <input type="checkbox"/> Rush <input type="checkbox"/> Priority Rush	Results: <input type="checkbox"/> Send to State <input type="checkbox"/> Email Final Results <input type="checkbox"/>
	Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CC <input type="checkbox"/> Net 30 Other: _____	Comments: _____	

*Business name applies to licensed cultivator, licensed manufacturer or licensed microbusiness