

FILTER TEST REQUEST — CHAIN OF CUSTODY RECORD

Customer: _____

Customer Contact and Phone Number: _____

Customer Address: _____

City, State, Zip: _____

Zep Sales Representative: _____

Filter Type (circle): 5100 Reclaim Trap Combo Model R

Samplers (signature): _____

Sample Date/Time: _____

Analysis Required:
(circle one or both)

TCLP
HEAVY
METALS

TCLP
VOLATILES

Relinquished by:	Date	Time	Received by:
Relinquished by:	Date	Time	Received by:
Relinquished by:	Date	Time	Received by:
Relinquished by:	Date	Time	Received by:
Relinquished by:	Date	Time	Remarks:
Received for Laboratory by:		Date	Time

Remarks:

