

CHAIN OF CUSTODY FORM

STA Laboratory: _____ Address: _____ City, State Zip code: _____	Tel: _____ FAX: _____ Email: _____
Client/Reporting Company: _____ Contact Name: _____ Billing Address: _____ City, State Zip code: _____	
Tel: _____ FAX: _____ Email: _____	
Send Results to: _____ City, State Zip code: _____	
Name or Source of sample(s): _____ Name of Sample Collector: _____	

LABORATORY USE ONLY			Storage Locations		
Freezer _____		Cold Room _____		Storage Shelf _____	
Sample Condition: _____					
Sample Type: <input type="radio"/> COMPOSITE <input type="radio"/> POINT <input type="radio"/> STRATIFIED					
P.O. Number: _____					
Client STA ID: _____					
USCC Member: <input type="radio"/> YES <input type="radio"/> NO ID: _____					
SELECTION OF ANALYSIS. Refer to http://tmecc.org/sta for details. STA Suite; All 503 Rule Tests; Other – Specify additional tests in fields A through D (below). NOTE ! Your selection of STA Suite (below) authorizes laboratory personnel to disclose all analytical results AND submit the STA Compost Technical Data Sheet directly to STA program management.					
A	B	C	D		

Client Sample Identification (and special instructions)	Collection Date/Time	Sample Matrix	Sample Container	Shipping Temp.	Selected Analysis						Lab/Job Number
					STA	503	A	B	C	D	
1	Date: _____	Compost <input type="radio"/>	Plastic Bag <input type="radio"/>	Ambient <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
	Time: _____	Feedstock <input type="radio"/>	Pail <input type="radio"/>	Wet Ice <input type="radio"/>							
	Initials: _____	<input type="radio"/>	<input type="radio"/>	Dry Ice <input type="radio"/>							
2	Date: _____	Compost <input type="radio"/>	Plastic Bag <input type="radio"/>	Ambient <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
	Time: _____	Feedstock <input type="radio"/>	Pail <input type="radio"/>	Wet Ice <input type="radio"/>							
	Initials: _____	<input type="radio"/>	<input type="radio"/>	Dry Ice <input type="radio"/>							
3	Date: _____	Compost <input type="radio"/>	Plastic Bag <input type="radio"/>	Ambient <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
	Time: _____	Feedstock <input type="radio"/>	Pail <input type="radio"/>	Wet Ice <input type="radio"/>							
	Initials: _____	<input type="radio"/>	<input type="radio"/>	Dry Ice <input type="radio"/>							
4	Date: _____	Compost <input type="radio"/>	Plastic Bag <input type="radio"/>	Ambient <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
	Time: _____	Feedstock <input type="radio"/>	Pail <input type="radio"/>	Wet Ice <input type="radio"/>							
	Initials: _____	<input type="radio"/>	<input type="radio"/>	Dry Ice <input type="radio"/>							
5	Date: _____	Compost <input type="radio"/>	Plastic Bag <input type="radio"/>	Ambient <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
	Time: _____	Feedstock <input type="radio"/>	Pail <input type="radio"/>	Wet Ice <input type="radio"/>							
	Initials: _____	<input type="radio"/>	<input type="radio"/>	Dry Ice <input type="radio"/>							

Releasing Signature 1	Date	Time	Receiving Signature 1	Date	Time
Releasing Signature 2	Date	Time	Receiving Signature 2	Date	Time
Releasing Signature 3	Date	Time	Receiving Signature 3	Date	Time
Releasing Signature 4	Date	Time	Receiving Signature 4	Date	Time