



Beyond Nuclear
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CHAIN-OF-CUSTODY FORM FOR ENVIRONMENTAL WATER SAMPLING

(Please make two (2) copies of the completed form to keep for your records, enclose a copy in the shipping box with your packaged test samples and also send a copy to Beyond Nuclear)

Date of Request: _____

Requesting Organization: _____

Contact Person: _____

Address: _____

Telephone: _____ Email: _____

Name and Location of Nuclear Facility: _____

City _____ State _____

Test Sample(s):

Tritium Analysis _____ Number of Test Samples____ (100 ml each)

Gross Alpha _____ and Beta _____ Analysis / Number of Test Samples____ (250ml each)

Reference Sample(s) Enclosed for Background Reading:

For tritium analysis _____ (100 ml each)

Gross Alpha _____ (250 ml each) Gross Beta analyses _____ (250 ml)

The REFERENCE Sample type must correspond to the requested TEST Sample type (tap water/TW, well water/WW, surface water/SW, groundwater/GW, rain water/RW).



CHAIN-OF-CUSTODY FORM / Part 2

Copy this page **for each** Test Sample collected to be tested. The # of samples _____

Test Sample Number & Type: _____

(Example: Oyster Creek nuclear power plant Sample 1 for groundwater and Sample 2 for rain water are written on the sample bottles as OYST-001-GW, OYST-002-RW)

Date of sample collection: _____ Time of day collected: _____

Test Requested for each Sample: _____

(Examples: OYST-001-GW / and OYST-REF-001-GW /tritium analysis, OYST-Test-002-RW/ gross beta)

Name of sample collector: _____

A. The location where this Test Sample was collected. (This description can be supplemented by attaching a marked USGS map, GPS coordinates, or a hand drawn map with distinctive landmark photo, etc. Please use and attach additional comment space):

B. Reference Sample Number & Type: _____

(Example: reference water sample for the nuclear power plant, OYST-REF-001-GW or VERM-REF-002-RW)

Collection date:_____ Time:_____

Location of Reference Sample:

Collector Signature: _____

Date _____

Payment Statement

(Please make a copy for your records)

Please make check or money order payment to "CRIIRAD".

MAIL THIS STATEMENT WITH YOUR PAYMENT SEPARATELY TO:

CRIIRAD
Immeuble CIME
471 Avenue Victor Hugo
2600 Valence, France

Tél. +33 (0)4 75 41 82 50
Fax. +33 (0)4 75 81 26 48
www.criirad.org
Email: laboratoire@criirad.org

FROM:

Your Name: _____

Your Organization: _____

Your Address: _____

Total Number of Test Samples provided to CRIIRAD _____

Total Number of Reference Samples provided to CRIIRAD _____

Total Payment Enclosed _____

[The cost of a limited number of test samples may be covered or supplemented by Beyond Nuclear. Please inquire with Beyond Nuclear staff for availability.]