

CHAIN OF CUSTODY FORM

CLIENT DETAILS	
Company*:	Work number:
Client contact*:	Mobile:
Address:	Fax:
	E-mail:
SAMPLE DETAILS	
WWTP name*:	Sampled by:
Sample date*:	Sample location:
Sample type (circle): Routine / Troubleshooting	
SENT TO MOTT MACDONALD	
Date sent*:	Time sent:
Sent by:	Signature:
FURTHER INFORMATION	
Client preparation / Storage details:	
PROCESS REACTOR CONDITIONS	
SVI (mL/g):	MLSS (mg/L):
ADF (m ³ /d):	Sludge age (d):
Other notes:	

*Items in bold are the minimum required for regular customers

Please print out form and include with sample. Samples to be delivered to Mott MacDonald at the following address:

Micro Team
Mott MacDonald
Level 2 139 Pakenham Street West
Auckland 1010

MOTT MACDONALD OFFICE USE	
Date received:	Time:
Received by:	Signature:
Condition on receipt (circle):	Room temperature / Chilled / Frozen