

SAMPLE CONTROL FORM & CHAIN OF CUSTODY

SCF -

TABLET - Sample information entered on Tablet

Sampling Information (to be filled out by the Field Team)						
Field Team:		Collector's Name:		Home Org:		
Longitude:		Location Description:				
Latitude:						
Collection Date:	Collection Time (24hr):	Area Exposure Rate:	Contact Dose Rate:			
Collection Comments:						
Sample Type (use only once)	Air	Sampler ID #	Type:	Filter size & Type: <input type="checkbox"/> Paper <input type="checkbox"/> Cartridge <input type="checkbox"/> 2" <input type="checkbox"/> 4" <input type="checkbox"/> Other		
		Date/Time ON:	Date/Time OFF:	OR	Total Volume: units:	
		Start Flow Rate units	Stop Flow Rate units			
		Additional Air Filter, Provide Sample #				
	Milk	<input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Other:		<input type="checkbox"/> Stored Feed <input type="checkbox"/> Pasture <input type="checkbox"/> Other:		
		Milking Date:	Milking Time:	Number of Animals		
	Soil	Depth of soil sample: cm		Vegetation collected with soil sample? <input type="checkbox"/> If "YES" check box if "NO" leave blank		
		Sample surface area: cm ²		If vegetation in separate container, provide sample #:		
	Water	<input type="checkbox"/> Surface <input type="checkbox"/> Ground / Well <input type="checkbox"/> Potable / Tap <input type="checkbox"/> Other:				
	Other	<input type="checkbox"/> Food <input type="checkbox"/> Feed <input type="checkbox"/> Instrument <input type="checkbox"/> Swipe <input type="checkbox"/> Other:			Description:	
Sample Area (cm): L W H						
Sample Receiving (to be filled out by sample control & hotline technician)						
Processing Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Duplicate <input type="checkbox"/> Split <input type="checkbox"/> Composite <input type="checkbox"/> Blank						
Receipt Contact Dose Rate uR/hr:	<input type="checkbox"/> Contamination Check: Forms and sample bags surveyed.			Weight of Sample gram		
Analysis Requested:						
Remarks/Special Instructions						
Custody Transfer (Signatures)						
Relinquished By:	Date/Time	Received By:	Date/Time			
Relinquished By:	Date/Time	Received By:	Date/Time			
Relinquished By:	Date/Time	Received By:	Date/Time			
Relinquished By:	Date/Time	Received By:	Date/Time			

SAMPLE CONTROL & CHAIN - OF - CUSTODY FORM

Field	Data
Tablet	Check if "Sample Information" is recorded using MPCD Tablet. Only Chain-of-Custody is needed.
SCF -	If no Barcode or Sample Control Number, then create one (SCF-XXXXX).
Collection Team ID	Enter Team Name or Number.
Collector's Name	Enter Collectors Name (Can be team captain).
Org	Enter Collectors Home Organization.
Location Description	Enter a description of the sample location. This can be an address with a description of the location in relation to local landmarks (i.e. near stop sign).
Latitude/Longitude	Estimated from map or read from GPS. The preferred format is degrees and decimal degrees. (i.e., Longitude = -108°.27976).
Collection Date	Enter the "Date" the Sample was Collected (dd-mmm-yyyy 02SEP2009). For air or composite samples this is the "Date Off" (end date of collection period).
Collection Time	Enter the Time the Sample was Collected (24 hour clock). For composite samples this is the "Time Off" (end time of collection period).
Area Exposure Rate	Record the average area Exposure Rate where the sample is to be collected.
Contact Dose Rate	If background permits, then enter the dose rate at contact with the sample container.
Collection Comments	Enter any pertinent information on the collection process (i.e. unusual occurrences).
Sample Type	Complete the appropriate "Sample Type". Use only one sample per form.
Air Sample	Enter Air Sampler ID, Type and Filter Size, Date On & Off (dd-mmm-yyyy), Time On & Off (24hr). Enter either Start & Stop Flow Rate or Total Volume and Units.
Additional Air Filter, Provide Sample #	Enter additional Air Sample # for each separate Air Filter Matrix taken at same location. (i.e. Paper & Charcoal Cartridge)
Milk Sample	Check the "Type" of milk sampled. If "Other", describe. Enter the "Feed Type" the cattle eat. If "Other", describe in the remarks. Enter Milking Date (dd-mmm-yyyy) & Time (24hr)
Soil Sample	Enter Depth of soil sample in centimeters. Enter the surface area sampled in centimeters ² (square centimeters). If a separate vegetation sample was collected indicate so and enter the sample number of the SCF for the vegetation sample. DO NOT ENTER TWO SAMPLES ON A SINGLE SCF.
Water Sample	Check the "Source" of the water sample. If "Other", describe.
Other	Check the sample type Food – Human Consumption, Feed – Animal Consumption, "Instrument" (Spectra to be saved in RAMS), "Swipe" or "Other"
Sample Area (cm)	Record the Area the Vegetation or Swipe Sample was taken from (Length, Width and Height).
Description	Enter the description of sample and the size or volume of sample (i.e. Vegetation 1-gal sealable bags grass, Swipe 100 cm ²).
Processing Priority	Identify Rush (Priority or Urgent) samples designated by the monitoring manager. 1 is high priority.
Duplicate Sample #	A duplicate sample is a second sample collected at the same location. Create duplicate paperwork and assign a new sample number to the duplicate and record the other sample number here.
Split Sample#	A split sample is a single sample collection split into two sample containers. Create duplicate paperwork and assign a new sample number to the split sample and record the new sample number here.
Receipt Contact Dose Rate	Samples are checked for activity as they pass through the hot line. Record the instrument reading and units.
Contamination Check	Check exterior of sample bags and forms for contamination. This step is performed at the hot line.
Weight of Sample	Record the Weight of Soil, Water & Vegetation Samples.
Analyses Requested	Record analysis requested by Assessment or Monitoring and Sampling Supervisors if known.
Remarks/Special Instructions	Enter any special instructions (i.e., homogenize sample). Indicate whether the sample must be prepared before being forwarded to the laboratory. Enter unusual circumstances discovered during sample receipt. Does not include problems recorded on the Non-Conformance Memo.
Relinquished by	Signed by person releasing custody of the sample. The custody must be relinquished to a person or secured area
Date/Time	Date and Time (24 hr) custody transferred
Received by	Signed by the person receiving the sample