

**COUNTY OF RIVERSIDE
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS MANAGEMENT DIVISION**

SAMPLE RECEIPT FORM

This form must accompany all samples to the laboratory and be included with the report of findings submitted to the HMMD office.

Sampling site address: _____

Sampling date: _____

Date samples received by lab: _____

Time samples received by lab: _____

Samples received by lab within 24 hrs.? Yes No

Vapors evident in sample storage container? Yes No

Sample condition:

Sufficiently chilled? Yes No

All samples sealed with County evidence tape? Yes No

Samples dry and in good condition? Yes No

Headspace in sample containers? Yes No

Comments / Concerns:

Laboratory receiving samples: _____

Laboratory personnel signature: _____ Date: _____