## 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:
If there are any questions regarding this form, please call (909) 358-5055. rev. 8-21-96