

Mississippi Public Health Laboratory Chain of Custody for Chemistry Sampling with the New LIMS Sample Manager



MSDH-SM

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LIMS Administrator, Mississippi Public Health Laboratory



Mississippi Public Health Laboratory

New LIMS Sample Manager

The MPHL has changed to a new LIMS system for all Microbiological and Chemical Analysis.

- Something NEW means change.
- Your samples will still be analyzed in the same manner but the paperwork will be different.
- We now have:
 - A New Chain of Custody
 - A New rule for Residual Chlorine field parameters.



Each new chain of custody is designed to make writing your sampling information easier.

- The new COC is on paper which makes it easier to write your information.
 - Samplers will no longer have to write on the labels.
 - The new COC is designed for each analysis type.
 - Because some sampling protocols require different field information.

- New labels will have been designed for the sample bottles. (the new labels should already be on the sample bottles when shipped to you)



- First we will look at the Inorganic Chemistry Chain of Custody for the different types of samples. These COCs are different depending on the sampling information needed.
- We have Metals and General Chemistry type samples.
- We have Lead and Copper.



This is the look for the new Chain of Custody for IOCs



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Chain of Custody

Inorganic Metals & Fluoride

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

LANGFORD WATER ASSOCIATION
1805 HWY 471
BRANDON, MS 39047
Attention: SONYA BLACKWELL

PWSID: MS0610012



0610012

Received By _____ Signature Confirms _____ Rejects _____

TF103 APPROX 4 MI NO OF BRANDON OFF HWY
471



42061
IN-200206-002

IN

1Q2020

A Collected By _____

R Signature _____

Date _____ Time _____ AM / PM

For Lab Use Only
Do Not Write In This Space

Not Collected Well Offline Down for Repairs

For Lab Use Only
Cooler Temp °C _____
Air Bubbles >11 mm Temp out of range
Reason to Reject Leaked in Transit No Matching BC

Other Reason(s) for Rejection: _____

Comments: _____



As you can see the COCs will have most of the sampling information already present for your sampling site.

1. In the upper right corner is the analysis for which you are sampling.
2. In the top center are the facility name and address.
3. To the right of the facility name/address is the PWSID number.
4. On the left side is the Sampling Point – TF103 and the location where to take the sample.
5. Underneath is the barcode that has the sample number unique to this sample for the lab to scan to receive your sample.
6. Below the barcode is a unique numeric Id that will always be associated with this sample.
7. Below the unique numeric Id is a text Id for the sample, the analysis code for the LIMS and the sampling period.

HERE IS THE PART YOU DO:

1. On the right side is Collected By: (please Print your name here)
2. Signature: (please Write your name here)
3. Date_____ Time_____ AM/PM (write the date and time the sample was collected and be sure to circle AM or PM).
4. If you have comments about your sample write them on the comments line (last thing on the page).
5. Collect your sample and you are ready to send it back to the lab.



The next slide has **red** circles around the items listed in **black 1-7** and a **blue** rectangle around the information you need to fill out listed in **blue 1-3**.

1. In the upper right corner is the analysis for which you are sampling.
2. In the top center are is the facility name and address.
3. To the right of the facility name/address is the PWSID number.
4. On the left side is the Sampling Point – TF103 and the location where to take the sample.
5. Underneath is the barcode that has the sample number unique to this sample for the lab to scan to receive your sample.
6. Below the barcode is a unique numeric Id that will always be associated with this sample.
7. Below the unique numeric Id is a text Id for the sample, the analysis code for the LIMS and the sampling period.

HERE IS THE PART YOU DO:

1. On the right side is Collected By: (please Print your name here)
2. Signature: (please Write your name here)
3. Date_____ Time_____ AM/PM (write the date and time the sample was collected and be sure to circle AM or PM).
4. If you have comments about your sample write them on the comments line (last thing on the page).
5. Collect your sample and you are ready to send it back to the lab.





Chain of Custody

Inorganic Metals & Fluoride

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

LANGFORD WATER ASSOCIATION
1805 HWY 471
BRANDON, MS 39047
Attention: SONYA BLACKWELL

PWSID: MS0610012



Received By _____ Signature Confirms _____ Rejects _____

TF103 APPROX 4 MI NO OF BRANDON OFF HWY 471



42061 IN-200206-002 IN 1Q2020

A
R

Collected By _____

Signature _____

Date _____ Time _____ AM / PM

Not Collected Well Offline Down for Repairs

For Lab Use Only
Do Not Write In This Space

For Lab Use Only
Cooler Temp °C _____
Air Bubbles >11 mm Temp out of range
Reason to Reject Leaked in Transit No Matching BC

Other Reason(s) for Rejection: _____

Comments: _____



Example of COC



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Inorganic Metals & Fluoride

Chain of Custody

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

LANGFORD WATER ASSOCIATION
1805 HWY 471
BRANDON, MS 39047
Attention: SONYA BLACKWELL

PWSID: MS0610012



Received By _____ Signature Confirms Rejects _____

TF103 APPROX 4 MI NO OF BRANDON OFF HWY
471



42061
IN-200206-002 IN 1Q2020

A Collected By Sam Watkins
Signature Sam Watkins
R Date 2/5/2020 Time 4:15 AM/PM

Not Collected Well Offline Down for Repairs

For Lab Use Only
Do Not Write In This Space

For Lab Use Only
Cooler Temp °C _____
Air Bubbles >11 mm Temp out of range
Reason to Reject Leaked in Transit No Matching BC

Other Reason(s) for Rejection: _____

Comments: _____



Another analyses that has this same format for the Chain of Custody is Uranium.

The same steps apply:

1. On the right side is Collected By: (please Print your name here)
2. Signature: (please Write your name here)
3. Date_____ Time_____ AM/PM (write the date and time the sample was collected and be sure to circle AM or PM.
4. If you have comments about your sample write them on the comments line (last thing on the page).
5. Collect your sample and you are ready to send it back to the lab.



This is the look for the new Chain of Custody for CNs



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Chain of Custody

Cyanide

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

CLARKSDALE PUBLIC UTILITIES

P O BOX 70

CLARKSDALE, MS 38614

Attention: CURTIS D BOSCHERT

PWSID: MS0140002



0140002

Received By _____ Signature Confirms _____ Rejects _____

TF111 WEST SIDE OF CITY-EAST OF WELL #3



42057

CN-200206-002

CN

1Q2020

A Collected By _____

Signature _____

R Date _____ Time _____ AM / PM

Chlorine Residual Free _____ Total _____

Inst. Hach _____ LaMotte _____

Free Lot # _____ Exp. Date _____

Total Lot # _____ Exp. Date _____

Not Collected Well Offline Down for Repairs

For Lab Use Only

Do Not Write In This Space

For Lab Use Only

Cooler Temp °C _____

Air Bubbles >11 mm Temp out of range

Reason to Reject Leaked in Transit No Matching BC

Other Reason(s) for Rejection: _____

Comments: _____



As you can see the COCs will have most of the sampling information already present for your sampling site.

1. In the upper right corner is the analysis for which you are sampling.
2. In the top center are is the facility name and address.
3. To the right of the facility name/address is the PWSID number.
4. On the left side is the Sampling Point – TF111 and the location where to take the sample.
5. Underneath is the barcode that has the sample number unique to this sample for the lab to scan to receive your sample.
6. Below the barcode is a unique numeric Id that will always be associated with this sample.
7. Below the unique numeric Id is a text Id for the sample, the analysis code for the LIMS and the sampling period.

HERE IS THE PART YOU DO:

1. On the right side is Collected By: (please Print your name here)
2. Signature: (please Write your name here)
3. Date_____ Time_____ AM/PM (write the date and time the sample was collected and be sure to circle AM or PM.
4. Enter your residual chlorine reading, free and/or total (or both), check the type of kit used and enter your residual chlorine pillow lot number and expiration date.
5. If you have comments about your sample write them on the comments line (last thing on the page).
6. Collect your sample, add the preservative and you are ready to send it back to the lab on ice.



Example of COC



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Chain of Custody

Cyanide

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

CLARKSDALE PUBLIC UTILITIES
P O BOX 70
CLARKSDALE, MS 38614
Attention: CURTIS D BOSCHERT

PWSID: MS0140002



Received By _____ Signature Confirms _____ Rejects _____

TF111 WEST SIDE OF CITY-EAST OF WELL #3



42057
CN-200206-002 CN 1Q2020

A Collected By Jack Sprat

Signature Jack Sprat

R Date 2/5/2020 Time 3:30 AM/PM (PM)

Chlorine Residual Free 0.4 Total 0.8

Inst. Hach ✓ LaMotte _____

Free Lot # A10662 Exp.Date 10/31/2020

Total Lot # A11163 Exp.Date 11/30/2021

Not Collected Well Offline Down for Repairs

For Lab Use Only
Do Not Write In This Space

For Lab Use Only

Cooler Temp °C _____

Air Bubbles >11 mm Temp out of range

Reason to Reject Leaked in Transit No Matching BC

Other Reason(s) for Rejection: _____

Comments: _____



Other analyses that have this same format for their Chain of Custody is Nitrate/Nitrite and Bromate/Bromide.

The same steps apply:

1. On the right side is Collected By: (please Print your name here)
2. Signature: (please Write your name here)
3. Date_____ Time_____ AM/PM (write the date and time the sample was collected and be sure to circle AM or PM.
4. Enter your residual chlorine reading, free and/or total (or both), check the type of kit used and enter your residual chlorine pillow lot number and expiration date.
5. If you have comments about your sample write them on the comments line (last thing on the page).
6. Collect your sample, add the preservative and you are ready to send it back to the lab on ice.



This is the look for the new Chain of Custody for PB/CU



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

Chain of Custody

Lead Copper

CITY OF JACKSON
PO BOX 17
JACKSON, MS 39205
Attention: CHARLES E WILLIAMS JR

PWSID: MS0250008



Received By: _____ Signature Confirms Rejects _____

DS000 Distribution

42063
PB-200206-002 PB 1Q2020

A Collected By _____
Signature _____
Date/Time _____ AM / PM
R Location _____ Site # _____
Address _____
Not collected Reason: _____

For Lab Use Only
Do Not Write In This Space

Reason to Reject	For Lab Use Only	
Sample Exceeds Hold Time	<input type="checkbox"/>	Leaked in Transit <input type="checkbox"/>
Lab Accident	<input type="checkbox"/>	No Matching BC <input type="checkbox"/>

Addition Information Needed: _____



As you can see the COCs will have most of the sampling information already present for your sampling site.

1. In the upper right corner is the analysis for which you are sampling.
2. In the top center are the facility name and address.
3. To the right of the facility name/address is the PWSID number.
4. On the left side is the Distribution Point – no location given.
5. Underneath is the barcode that has the sample number unique to this sample for the lab to scan to receive your sample.
6. Below the barcode is a unique numeric Id that will always be associated with this sample.
7. Below the unique numeric Id is a text Id for the sample, the analysis code for the LIMS and the sampling period.

HERE IS THE PART THE HOME OWNER DOES:

1. On the right side is Collected By: (please have home owner Print name here)
2. Signature: (please have home owner Write name here)
3. Date_____ Time_____ AM/PM (write the date and time the sample was collected and be sure to circle AM or PM.)
4. Location (faucet/ room in home where sample taken)
5. Address: Write the address where sample is taken

HERE IS THE PART YOU DO:

1. Enter the **site #** supplied by water supply from your site plan.
2. If you have comments about your sample write them on the comments line (last thing on the page).
3. Collect your samples from the home owners and you are ready to send them back to the lab.



Example of COC



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

Lead Copper

Chain of Custody

CITY OF JACKSON
PO BOX 17
JACKSON, MS 39205
Attention: CHARLES E WILLIAMS JR

PWSID: MS0250008



Received By: _____ Signature Confirms Rejects _____

DS000 Distribution

42063
PB-200206-002 PB 1Q2020

A
R

Collected By Sam Elliott
Signature Sam Elliott
Date/Time 2/5/2020 8:00 AM / PM
Location Kitchen Faucet Site # 9
Address 186 West Palm St
Not collected Reason: _____

For Lab Use Only
Do Not Write In This Space

Reason to Reject	For Lab Use Only	
Sample Exceeds Hold Time	<input type="checkbox"/>	Leaked in Transit <input type="checkbox"/>
Lab Accident	<input type="checkbox"/>	No Matching BC <input type="checkbox"/>

Addition Information Needed: _____



- Now we will look at the Organic Chemistry Chain of Custody. These COCs are all the same format because they all require the same sampling information.
- We have VOCs, THMs, HAAs, CARBs, GLYs and EDBs.
- What you will notice is that the COC has the analysis name in the top right corner, but the analysis code may be different next to the sampling period.



This is the look for the new Chain of Custody for VOCs



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Chain of Custody

Volatile Organics

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

TOWN OF HICKORY FLAT
225 W SPRUCE
HICKORY FLAT, MS 38633
Attention: DIANNA GRIST

PWSID: MS0050002



Received By _____ Signature Confirms _____ Rejects _____

TF103 NORTH OF ELEVATED TANK

42080
VO-200206-007 VO 1Q2020

A Collected By _____
R Signature _____
Date _____ Time _____ AM / PM

Chlorine Residual Free _____ Total _____

Inst. Hach _____ LaMotte _____

Free Lot # _____ Exp.Date _____

Total Lot # _____ Exp.Date _____

Not Collected Well Offline Down for Repairs

For Lab Use Only
Do Not Write In This Space

For Lab Use Only
Cooler Temp °C _____
Air Bubbles >11 mm Temp out of range
Reason to Reject Leaked in Transit No Matching BC

Other Reason(s) for Rejection: _____

Comments: _____



As you can see the COCs will have most of the sampling information already present for your sampling site.

1. In the upper right corner is the analysis for which you are sampling.
2. In the top center are is the facility name and address.
3. To the right of the facility name/address is the PWSID number.
4. On the left side is the Sampling Point – TF103 and the location where to take the sample.
5. Underneath is the barcode that has the sample number unique to this sample for the lab to scan to receive your sample.
6. Below the barcode is a unique numeric Id that will always be associated with this sample.
7. Below the unique numeric Id is a text Id for the sample, the analysis code for the LIMS and the sampling period.

HERE IS THE PART YOU DO:

1. On the right side is Collected By: (please Print your name here)
2. Signature: (please Write your name here)
3. Date_____ Time_____ AM/PM (write the date and time the sample was collected and be sure to circle AM or PM.
4. Enter your residual chlorine reading, free and/or total (or both), check the type of kit used and enter your residual chlorine pillow lot number and expiration date.
5. If you have comments about your sample write them on the comments line (last thing on the page).
6. Collect your sample, add the preservative and you are ready to send it back to the lab on ice.



The next slide has **red** circles around the items listed in **black 1-7** and a **blue** rectangle around the information you need to fill out listed in **blue 1-4**.

1. In the upper right corner is the analysis for which you are sampling.
2. In the top center are is the facility name and address.
3. To the right of the facility name/address is the PWSID number.
4. On the left side is the Sampling Point – TF103 and the location where to take the sample.
5. Underneath is the barcode that has the sample number unique to this sample for the lab to scan to receive your sample.
6. Below the barcode is a unique numeric Id that will always be associated with this sample.
7. Below the unique numeric Id is a text Id for the sample, the analysis code for the LIMS and the sampling period.

HERE IS THE PART YOU DO:

1. On the right side is Collected By: (please Print your name here)
2. Signature: (please Write your name here)
3. Date_____ Time_____ AM/PM (write the date and time the sample was collected and be sure to circle AM or PM.
4. Enter your residual chlorine reading, free and/or total (or both), check the type of kit used and enter your residual chlorine pillow lot number and expiration date.
5. If you have comments about your sample write them on the comments line (last thing on the page).
6. Collect your sample, add the preservative and you are ready to send it back to the lab on ice.





MISSISSIPPI STATE DEPARTMENT OF HEALTH

Chain of Custody

Volatile Organics

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

TOWN OF HICKORY FLAT
225 W SPRUCE
HICKORY FLAT, MS 38633
Attention: DIANNA GRIST

PWSID: MS0050007



Received By _____ Signature Confirms _____ Rejects _____

TF103 **NORTH OF ELEVATED TANK**

42080
VO-200206-007 **VO** **1Q2020**

**A
R**

Collected By _____
Signature _____
Date _____ Time _____ AM / PM
Chlorine Residual Free _____ Total _____
Inst. Hach _____ LaMotte _____
Free Lot # _____ Exp.Date _____
Total Lot # _____ Exp.Date _____

Not Collected Well Offline Down for Repairs

For Lab Use Only
Do Not Write In This Space

For Lab Use Only
Cooler Temp °C _____
Air Bubbles >11 mm Temp out of range
Reason to Reject Leaked in Transit No Matching BC

Other Reason(s) for Rejection: _____

Comments: _____



Example of COC



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Chain of Custody

Volatile Organics

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

TOWN OF HICKORY FLAT
225 W SPRUCE
HICKORY FLAT, MS 38633
Attention: DIANNA GRIST

PWSID: MS0050002



Received By _____ Signature Confirms Rejects _____

TF103 NORTH OF ELEVATED TANK



42080
VO-200206-007 VO 1Q2020

A Collected By Elmer Fudd
Signature Elmer Fudd
R Date 2/5/2020 Time 3:15 AM (PM)

Chlorine Residual Free 0.6 Total 1.2

Inst. Hach ✓ LaMotte _____

Free Lot # A 10101 Exp.Date 10/31/2020

Total Lot # A 20316 Exp.Date 12/31/2021

Not Collected Well Offline Down for Repairs

For Lab Use Only
Do Not Write In This Space

For Lab Use Only
Cooler Temp °C _____
Air Bubbles >11 mm Temp out of range
Reason to Reject Leaked in Transit No Matching BC

Other Reason(s) for Rejection: _____

Comments: _____



This is the look for the new Chain of Custody for THMs




MISSISSIPPI STATE DEPARTMENT OF HEALTH

Chain of Custody

THM

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

CITY OF WEST POINT
PO BOX 1117
WEST POINT, MS 39773
Attention: HARMON A ROBINSON

PWSID: MS0130008

0130008

Received By _____ Signature Confirms _____ Rejects _____

DS000 SM1 9100 HWY 50 E



42071
TH-200206-002

TH

1Q2020

A Collected By _____

R Signature _____

R Date _____ Time _____ AM / PM

Chlorine Residual Free _____ Total _____

Inst. Hach _____ LaMotte _____

Free Lot # _____ Exp. Date _____

Total Lot # _____ Exp. Date _____

Not Collected Well Offline Down for Repairs

For Lab Use Only

Do Not Write In This Space

For Lab Use Only

Cooler Temp °C _____

Air Bubbles >11 mm Temp out of range

Reason to Reject Leaked in Transit No Matching BC

Other Reason(s) for Rejection: _____

Comments: _____



As you can see the COCs will have most of the sampling information already present for your sampling site.

1. In the upper right corner is the analysis for which you are sampling.
2. In the top center are is the facility name and address.
3. To the right of the facility name/address is the PWSID number.
4. On the left side is the Sampling Point – DS000 SM1 and the location where to take the sample.
5. Underneath is the barcode that has the sample number unique to this sample for the lab to scan to receive your sample.
6. Below the barcode is a unique numeric Id that will always be associated with this sample.
7. Below the unique numeric Id is a text Id for the sample, the analysis code for the LIMS and the sampling period.

HERE IS THE PART YOU DO:

1. On the right side is Collected By: (please Print your name here)
2. Signature: (please Write your name here)
3. Date_____ Time_____ AM/PM (write the date and time the sample was collected and be sure to circle AM or PM.
4. Enter your residual chlorine reading, free and/or total (or both), check the type of kit used and enter your residual chlorine pillow lot number and expiration date.
5. If you have comments about your sample write them on the comments line (last thing on the page).
6. Collect your sample, add the preservative and you are ready to send it back to the lab on ice.



Example of COC



MISSISSIPPI STATE DEPARTMENT OF HEALTH

THM

Chain of Custody

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

CITY OF WEST POINT
PO BOX 1117
WEST POINT, MS 39773
Attention: HARMON A ROBINSON

PWSID: MS0130008



Received By _____ Signature Confirms _____ Rejects _____

DS000 SM1 9100 HWY 50 E



42071
TH-200206-002 TH 1Q2020

A Collected By Jason Bourne
Signature Jason Bourne
R Date 2/5/2020 Time 11:00 AM PM

Chlorine Residual Free 0.8 Total 1.1

Inst. Hach LaMotte _____

Free Lot # A12345 Exp.Date 12/31/2021

Total Lot # A22230 Exp.Date 10/31/2022

Not Collected Well Offline Down for Repairs

For Lab Use Only

Do Not Write In This Space

For Lab Use Only

Cooler Temp °C _____

Air Bubbles >11 mm Temp out of range

Reason to Reject Leaked in Transit No Matching BC

Other Reason(s) for Rejection: _____

Comments: _____



This is the look for the new Chain of Custody for HAAs



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Chain of Custody

Haloaceticacid

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

YOKENA-JEFF DAVIS WATER DEPT
4865 JEFF DAVIS ROAD
VICKSBURG, MS 39180
Attention: ROBERT GREER

PWSID: MS0750011



Received By _____ Signature Confirms _____ Rejects _____

DS000 SMH



42072
HA-200206-001

HA

1Q2020

A
R

Collected By _____

Signature _____

Date _____ Time _____ AM / PM

Chlorine Residual Free _____ Total _____

Inst. Hach _____ LaMotte _____

Free Lot # _____ Exp.Date _____

Total Lot # _____ Exp.Date _____

Not Collected Well Offline Down for Repairs

For Lab Use Only

Do Not Write In This Space

For Lab Use Only

Cooler Temp °C _____

Air Bubbles >11 mm Temp out of range

Reason to Reject Leaked in Transit No Matching BC

Other Reason(s) for Rejection: _____

Comments: _____



As you can see the COCs will have most of the sampling information already present for your sampling site.

1. In the upper right corner is the analysis for which you are sampling.
2. In the top center are is the facility name and address.
3. To the right of the facility name/address is the PWSID number.
4. On the left side is the Sampling Point – DS000 SMH and no location where to take the sample.
5. Underneath is the barcode that has the sample number unique to this sample for the lab to scan to receive your sample.
6. Below the barcode is a unique numeric Id that will always be associated with this sample.
7. Below the unique numeric Id is a text Id for the sample, the analysis code for the LIMS and the sampling period.

HERE IS THE PART YOU DO:

1. On the right side is Collected By: (please Print your name here)
2. Signature: (please Write your name here)
3. Date_____ Time_____ AM/PM (write the date and time the sample was collected and be sure to circle AM or PM.
4. Enter your residual chlorine reading, free and/or total (or both), check the type of kit used and enter your residual chlorine pillow lot number and expiration date.
5. If you have comments about your sample write them on the comments line (last thing on the page).
6. Collect your sample, add the preservative and you are ready to send it back to the lab on ice.



Example of COC



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

Chain of Custody

Haloaceticacid

YOKENA-JEFF DAVIS WATER DEPT
4865 JEFF DAVIS ROAD
VICKSBURG, MS 39180
Attention: ROBERT GREER

PWSID: MS0750011



Received By _____ Signature Confirms Rejects _____

DS000 SMH



42072
HA-200206-001

HA

1Q2020

A
R

Collected By Bugs Bunny

Signature Bugs Bunny

Date 2/5/2020 Time 2:00 AM/PM (PM)

Chlorine Residual Free 0.8 Total 1.4

Inst. Hach LaMotte _____

Free Lot # A 10933 Exp.Date 10/31/2021

Total Lot # A 61124 Exp.Date 9/30/2022

Not Collected Well Offline Down for Repairs

For Lab Use Only

Do Not Write In This Space

For Lab Use Only

Cooler Temp °C _____

Air Bubbles >11 mm Temp out of range

Reason to Reject Leaked in Transit No Matching BC

Other Reason(s) for Rejection: _____

Comments: _____



Other analyses that have this same format for their Chain of Custody is Carbamates, Glyphosates, EDBs, and Pesticides

The same steps apply:

1. On the right side is Collected By: (please Print your name here)
2. Signature: (please Write your name here)
3. Date _____ Time _____ AM/PM (write the date and time the sample was collected and be sure to circle AM or PM.
4. Enter your residual chlorine reading, free and/or total (or both), check the type of kit used and enter your residual chlorine pillow lot number and expiration date.
5. If you have comments about your sample write them on the comments line (last thing on the page).
6. Collect your sample, add the preservative and you are ready to send it back to the lab on ice.

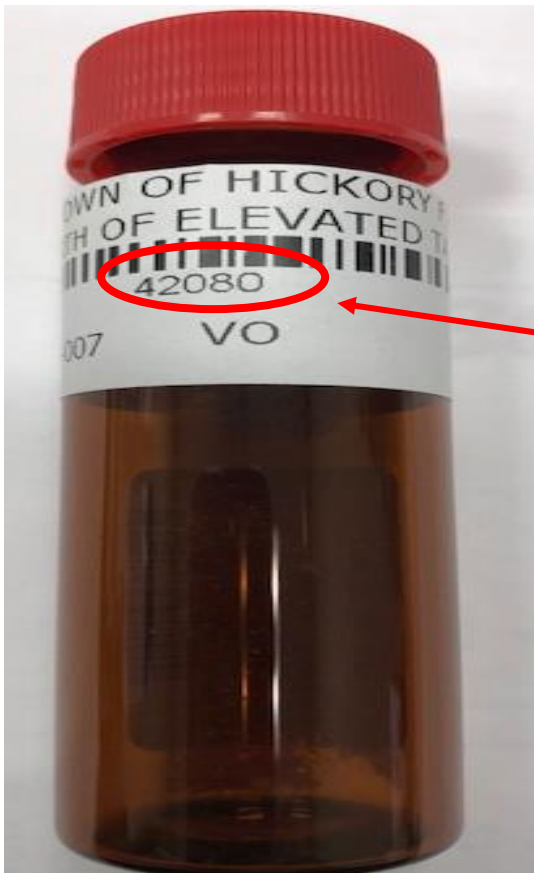


Important Points to Note:

1. If your residual chlorine pillows are expired your sample will be rejected.
2. If you do not put the lot number and expiration date on your COC for a sample, Water Supply will try to get that information from you, but if we don't receive that information in the laboratory by the end of the day of receipt - your sample will be rejected.
3. If your VOC or THM sample has headspace (greater than 11mm), it will be rejected.
4. If your sample and COC do not match, your sample will be rejected.
5. For multiple samples in one cooler, all COCs must be filled out and returned with the samples to the lab.
6. Always put your completed COC in the plastic bag to keep it dry.
7. Keep treating the trip blanks as usual when received with the kits.



Multiple Samples in one cooler – such as VOCs
 Make sure the numbers on the vial and COC match when collecting the sample and filling out the COC.



Volatile Organics

Chain of Custody

MISSISSIPPI STATE DEPARTMENT OF HEALTH
 MS Public Health Laboratory - 570 East Woodrow Wilson Jackson MS 39216 Phone: 601-576-7582

TOWN OF HICKORY FLAT
 225 W SPRUCE
 HICKORY FLAT, MS 38633
 Attention: DIANNA GRIST

PWSID: MS0050002
 0050002

Received By _____ Signature Confirms _____ Rejects _____

TF103 NORTH OF ELEVATED TANK
 42080
 VO 000000-007 VO 1Q2020

A Collected By Elmer Fudd
 Signature Elmer Fudd
 R Date 2/5/2020 Time 3:15 AM (PM)

Chlorine Residual Free 0.6 Total 1.2
 Inst. Hach LaMotte _____
 Free Lot # A 10101 Exp.Date 10/31/2020
 Total Lot # A 20316 Exp.Date 12/31/2021

Not Collected Well Offline Down for Repairs

For Lab Use Only
 Do Not Write In This Space

For Lab Use Only

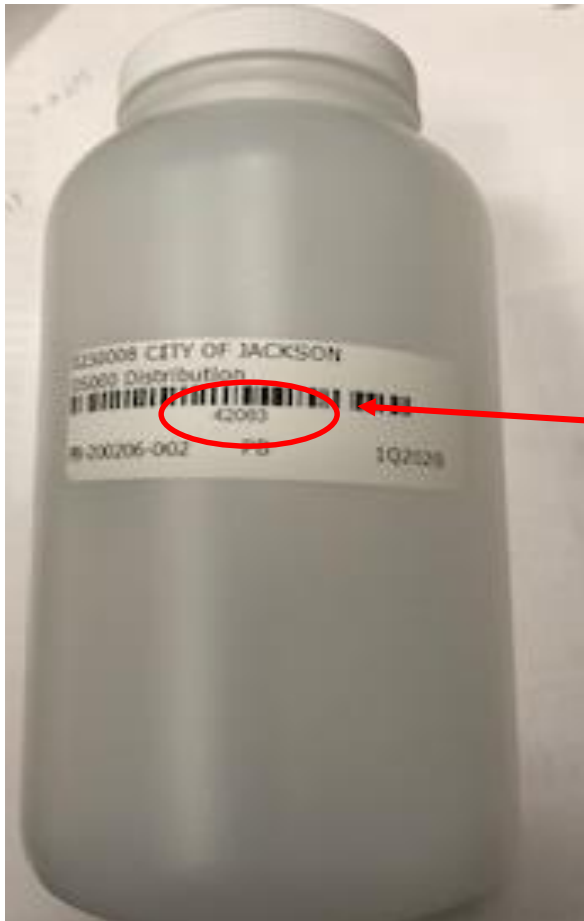
Cooler Temp °C _____
 Air Bubbles >11 mm Temp out of range
 Reason to Reject Leaked in Transit No Matching BC

Other Reason(s) for Rejection: _____
 Comments: _____



Multiple Samples in one cooler to be distributed to others for collection— such as PB/CU

Make sure the numbers on the vial and COC match before leaving at a home for collection.



Leaa Copper

Chain of Custody

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CITY OF JACKSON
PO BOX 17
JACKSON, MS 39205
Attention: CHARLES E WILLIAMS JR

PWSID: MS0250008

0250008

Received By: _____ Signature Confirms Rejects _____

DS000 Distribution

42063
PB-200206-002 PB 1Q2020

A Collected By Sam Elliott
Signature Sam Elliott
Date/Time 2/5/2020 8:00 (AM) / PM
R Location Kitchen Faucet Site # 9
Address 186 West Palm St
Not collected Reason: _____

Reason to Reject	For Lab Use Only	
Sample Exceeds Hold Time	<input type="checkbox"/> Leaked in Transit	<input type="checkbox"/>
Lab Accident	<input type="checkbox"/> No Matching BC	<input type="checkbox"/>

For Lab Use Only
Do Not Write In This Space

Addition Information Needed: _____



Questions?

