



Utility Testing Laboratory

SAMPLE RECORD/ ANALYSIS REQUEST

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Project Number:		Project Name:		Analysis						Report To (print):		
P.O. Number:		Sampler's Signature:								No. of cont.	Matrix	REMARKS
Date Sampled	Sample Time	Sample Identification / Location										
Relinquished (signature):		Date/Time:	Received (signature)		Date/Time:	SEND RESULTS TO (Company Name)				<u>CONDITION OF SAMPLES</u>		
Relinquished (signature):		Date/Time:	Received (signature)		Date/Time:	To the attention of:				Samples Chilled: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relinquished (signature):		Date/Time:	Received (signature)		Date/Time:	Address:				Seals Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relinquished (signature):		Date/Time:	Received (signature)		Date/Time:	Phone:				Preservation Indicated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>COMMENTS:</u>						e-mail / Fax:				Remarks:		