



**HAWAII FOOD & WATER TESTING LLC**  
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# CHAIN OF CUSTODY

Company Name: <span style="color: red;">x</span>
Mailing Address:
Contact Name: <span style="color: red;">x</span>
Phone: <span style="color: red;">x</span>
Email: <span style="color: red;">x</span>

Temp Control:
Job:
P.O. #:
Sampled By:

Lab #	Sample Description	Date	Time	Type of Sample	On-Site pH	On-Site Chlorine	On-Site Temp	Analysis Requested
x							x	

RELINQUISHED BY:				RECEIVED BY:			
Sign:	x	Date:	Time:	Sign:	Date:	Time:	
Print:	x	x	x	Print:			

SPECIAL INSTRUCTIONS