

Childcare Drinking Water Chain of Custody Form

Contact Name (First & Last)	Contact Phone

Contact Email

Address	City	Zip Code

	Room or Location	Source	First Draw = 1 Flush = 2	Collection Date	Collection Time	Laboratory ID use only	(lab use only)	Temperature (lab use only)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

source: DF = drinking fountain; S = sink; O = other

For Lab Use Only
contract workorder: _____