Acid Rain Monitoring Project, Blaisedell House, UMass, Amherst, MA 01003

ARM VOLUNTEER COLLECTOR SHEET

Collector Name:_____ Phone:_____

Address:_____E-Mail:_____

PALSITE	Water Body Name	County	Date Collected	Time

CHAIN OF CUSTODY FORM

Fill in the Date and Time, and Sign in the Released/Received Columns. Mark if sample was cool or warm.

SAMPLE ID (Bottle Number from above)	RELEASED BY FIELD COLLECTOR: Signature/Date/Time	RECEIVED BY COORDINATOR: Signature/date/time	**RELEASED BY COORDINATOR: Signature/date/time**	**RECEIVED BY LAB ANALYST: Signature/date/time**
All samples listed above.				
	Date: Time:	Date: Time:	Date: Time:	Date: Time:
	Sample : cool warm Circle one	Sample : cool warm	Sample : cool warm	Sample : cool warm