SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

SAL Project No. _____

Client Name	Contact / Phone:
Project Name / Location	Turn Around Time Requested (*Surcharges may apply) 24 Hour* ☐ 48 Hour* ☐ 5 Bus. Days* ☐ 10 Bus. Days ☐
Samplers: (Signature)	PARAMETER / CONTAINER DESCRIPTION

Matrix Codes:
DW-Drinking Water WW-Wastewater
SW-SurfaceWater SL-Sludge SO-Soil
GW-Groundwater SA-Saline Water O-Other
R-Reagent Water

SAL Use Only Sample No.	Sample Description	Date	Time	Matrix	Composite	Grab									No. of Containers (Total per each location)

Containers Prepared/ Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:
Relinquished:	Date/Time:	Received:	Date/Time:

Seal intact?	Y N N/A
Samples intact upon arrival?	Y N N/A
Received on ice? Temp_____	Y N N/A
Proper preservatives indicated?	Y N N/A
Rec'd within holding time?	Y N N/A
Volatiles rec'd w/out headspace	Y N N/A
Proper containers used?	Y N N/A

Instructions / Remarks

SAL Report Page ___ of ___