rev. 3.20.26

COMPOST ~ Intake Form ~ CHAIN-OF-CUSTODY

Laboratory Information	**Original Copy of Report Sent To:**	**Special Instructions:**
Laboratory **Control Laboratories, Inc.** - **Attn: Assaf Sadeh** Address: 42 Hangar Way : Watsonville, CA 95076 Phone: (831) 724-5422 / **(831) 761-7274**	Company: Contact: Address: City, St. Zip Phone:	
Person from your company to be contacted with questions		Other Analyses Requested / Lab Use Only:
Name: Phone #s:		Storage Location: Freezer #: Refrigerator #: Temperature (°C): Shipper: FedEx _ UPS _ USPS _ Walk-In _
Information on facility that the sample was drawn from	**E-mail Reports To: (in box below fill in up to 3 address)**	
Company: Contact: Address: City, St. Zip E-mail Addr: Phone:	**Invoice Sent To:** Company: Contact: Address1: City, St. Zip:	
Sampler'sPrinted Name:	**PO#:**	

Sample Identification	Date & Time Sampled	Complete Compost Pkg STA	Complete Compost Pkg No STA	Other Analyses Requested					Lab Use Only: Sample Condition

***Optional:** Help us in our research. Please list your feedstock and approximate % used, process, and age of material. Thank you.

	Manure type & %	Biosolids %	MSW %	yard waste %	Foodwaste	Industrial type & %	Other type & %	Comp. Process	Age of material
Sample 1									
Sample 2									
Sample 3									
Sample 4									
Sample 5									

Released By (Signature and Printed Name):	Date/Time:	Received By (Signature and Printed Name):	Date/Time:
		Susan Ussler / Stefani Skrovan / Mike Galloway	