

Appendix G: Chain of Custody

1) Division of Laboratory Services Chain of Custody Form

DIVISION OF LABORATORY SERVICES CHAIN OF CUSTODY / PROPERTY FORM		LAB USE ONLY							
		LAB NUMBER: _____							
		EOC NUMBER: _____							
NAME OF PERSON FROM WHOM RECEIVED: _____									
LOCATION WHERE SAMPLE WAS OBTAINED:		ADDRESS:							
TIME OBTAINED:		REASON OBTAINED:							
DATE OBTAINED:									
SAMPLE SCREENED FOR: RADIOLOGICAL () CHEMICAL () EXPLOSIVE () BIOLOGICAL ()									
RESULTS:									
Rad Chem Bio Explosive Result:		Instrument:							
<small>Circle one</small>									
Rad Chem Bio Explosive Result:		Instrument:							
<small>Circle one</small>									
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<small>Circle one</small>									
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<small>Circle one</small>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">ITEM #</th> <th style="width: 15%;">QUANTITY</th> <th style="width: 75%;">DESCRIPTION OF ARTICLES</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> <td></td> </tr> </tbody> </table>				ITEM #	QUANTITY	DESCRIPTION OF ARTICLES			
ITEM #	QUANTITY	DESCRIPTION OF ARTICLES							
CHAIN OF CUSTODY									
ITEM NO.	DATE/ TIME	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE					
		Signature	Signature						
		Print Name	Print Name						
		Signature	Signature						
		Print Name	Print Name						
		Signature	Signature						
		Print Name	Print Name						

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Image Source: <https://www.chfs.ky.gov/agencies/dph/dls/Pages/default.aspx> Chain of Custody Form

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EOC# _____

Lab # _____

ITEM NO.	DATE/ TIME	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	

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