

Sample Submission Form

for Environmental & Food Samples

Chemical Response Laboratory
HAWAII STATE DEPARTMENT OF HEALTH

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Pearl City, HI 96782
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Please do not write in this box; CRL use only

CRL ID: _____

Received By: _____

Date/Time: _____

Report To: _____

Results Due/TAT: _____

Comments: _____

SUBMITTER INFORMATION

Name: _____

Organization: _____

Address: _____

Phone: _____

email: _____

SAMPLE INFORMATION

Sample ID: _____

Date Collected: _____ Time Collected: _____

Location Collected: _____

Sample Description: _____

Analysis Requested: _____

SAMPLE SCREENING INFORMATION

CHEMICAL

pH: _____ Oxidizer (Circle One): yes no Flammable/VOCs (ppm): _____

Remarks: _____

BIOLOGICAL – Remarks: _____

RADIOLOGICAL – Remarks: _____

EXPLOSIVES – Remarks: _____