



SAMPLE COLLECTION CHAIN OF CUSTODY

State Form 57209 (1-23)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Case ID# _____

Date Collected: ___/___/___ Time: _____
mm/dd/yyyy

Purpose of Collection: Surveillance Complaint Environmental Investigation/Traceback
 Compliance Other _____

Collector Name: _____ Collector Agency: _____
(Print Name)

Collector Contact Number: _____ Collector Email: _____

Sample #	Condition of Product at Collection	Tamper Seal Applied?	Condition of Sample During Transport/Storage
	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Other
	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Other
	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Other
	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Other
	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen <input type="checkbox"/> Other

CHAIN OF CUSTODY

Released By	Date & Time	Received By	Date & Time	Purpose of Change of Custody
Signature		Signature		<input type="checkbox"/> State Lab <input type="checkbox"/> Carrier <input type="checkbox"/> Safe Storage <input type="checkbox"/> Other: _____
Name, Title		Name, Title		
Signature		Signature		<input type="checkbox"/> State Lab <input type="checkbox"/> Carrier <input type="checkbox"/> Safe Storage <input type="checkbox"/> Other: _____
Name, Title		Name, Title		

For Lab Use Only

STAR LIMS #: _____ Tamper Seal Intact: (circle one) Y N Date Seal Broken: ___/___/___ Initials: _____

Received By: _____ Signature: _____
(Print Name & Agency)

Comments: _____ Date Received: _____ Time: _____