

Food Product Chain of Custody

Sample Temp at Receipt: _____

NEL ID Number: _____

Temp. Control: _____

Chilling Process (has) (has not) begun

Report To:

Client / Company Name: _____

Send reports by (please circle): Mail Email Fax

Attn: _____

Copy to: _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Invoice to (if different):

Attn: _____

Email: _____

Address: _____

Phone: _____ Fax: _____

Purchase Order #: _____

Site Information (if different from above):

Site Address: _____

Collected By (please print): _____

Analysis Requested

Note: Some testing parameters may be outsourced to a certified laboratory

Name / Description	Date Produced	Time Produced	Date Code / Lot #						

Comments / Notes:

Relinquished By: _____

Date / Time: _____

Received By: _____

Date/Time: _____

Relinquished By: _____

Date / Time: _____

Received By: _____

Date/Time: _____