

TPS Lab

Since 1938 – Making Extraordinary Crops
For Growers Around The World.

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COMPOST / HUMATE / MANURE SAMPLE SUBMITTAL AND CHAIN OF CUSTODY

LAB USE ONLY	
LAB N ^{OS} FROM _____	TO _____
DATE RECEIVED: _____	
BY: _____	

CLIENT ID: _____

BILL / CHARGE CONSULTANT COMPOSTER

CONSULTANT NAME:		P/O N ^o :
TELEPHONE N ^o :	E-MAIL:	
COMPANY:		
ADDRESS:		
TOWN:	STATE / PROVINCE:	ZIP / POSTAL CODE:
COUNTRY (IF NOT U.S.A. OR CANADA):		

COMPOSTER CONTACT NAME:		
TELEPHONE N ^o :	E-MAIL:	
COMPOSTER / COMPANY:		P/O N ^o :
ADDRESS		
TOWN:	STATE / PROVINCE:	ZIP / POSTAL CODE:
COUNTRY (IF NOT U.S.A. OR CANADA):		

SEND REPORTS TO: CONSULTANT COMPOSTER BOTH

DATE SAMPLES TAKEN:	SAMPLES TAKEN BY:
LOCATION:	

PROBLEMS OR COMMENTS: _____ _____ _____ _____
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FOR USCC STA TESTS, ALSO SEE STA FORM.

SAMPLE TYPE

COMPOST MANURE HUMATE Other

PRESERVATION (PRES.)

NONE ICE / GELL DRY ICE

COMPOST APPLICATION (APPL.)

P = POTTING MIX

T = TOP DRESSING TO BE INCORPORATED INTO THE SOIL

M = MULCH

LINE	LAB NO. LAB USE ONLY	ALL TESTS		NON-STA TESTS ONLY			COMMENTS / FEEDSTOCKS USE ADDITIONAL PAGES IF NECESSARY.
		YOUR SAMPLE I.D. MAX. 6 CHARS.	TIME SAMPLES TAKEN	SAMPLE TYPE C M H O	PRES. N I D	APPL. P T M	
1			:				
2			:				
3			:				
4			:				
5			:				
6			:				
7			:				
8			:				
9			:				
10			:				
11			:				
12			:				
13			:				
14			:				
15			:				
16			:				
17			:				
18			:				
19			:				
20			:				

Compost – Humate – Manure Analysis Order

SEE FEE SCHEDULE FOR AVAILABLE TESTS AND PRICES

LINE	TEST No.	PRICE	TEST No.	PRICE	TEST No.	PRICE	TEST No.	PRICE	LINE TOTAL
1		\$		\$		\$		\$	\$
2		\$		\$		\$		\$	\$
3		\$		\$		\$		\$	\$
4		\$		\$		\$		\$	\$
5		\$		\$		\$		\$	\$
6		\$		\$		\$		\$	\$
7		\$		\$		\$		\$	\$
8		\$		\$		\$		\$	\$
9		\$		\$		\$		\$	\$
10		\$		\$		\$		\$	\$
11		\$		\$		\$		\$	\$
12		\$		\$		\$		\$	\$
13		\$		\$		\$		\$	\$
14		\$		\$		\$		\$	\$
15		\$		\$		\$		\$	\$
16		\$		\$		\$		\$	\$
17		\$		\$		\$		\$	\$
18		\$		\$		\$		\$	\$
19		\$		\$		\$		\$	\$
20		\$		\$		\$		\$	\$

PAYMENT / CHARGE SHEET

TOTAL CHARGES: \$

PAYMENT METHOD: CASH CHECK NUMBER:

CREDIT CARD ORDER

To help protect your privacy, the following may be telephoned or FAXed:

VISA MasterCard Discover American Express

CARD №: EXP. DATE: / CODE:

NAME ON CARD:

BILLING ADDRESS:

TOWN:

STATE / PROVINCE: ZIP / POSTAL CODE:

COUNTRY (If not U.S.A. or Canada):



**US COMPOSTING
COUNCIL**

OFFICIAL Seal of Testing Assurance Compost Sample Chain of Custody Form

TPS Lab Telephone: 956-383-0739
 4915 West Monte Cristo Road FAX: 956-383-0730
 Edinburg, Texas 78541 E-Mail: ngarcia@TPSLab.com

Client/Reporting Company: _____ Tel: _____
 Contact Name: _____ FAX: _____
 Billing Address: _____ Email: _____
 City, State Zip code: _____
 Send Results to: _____
 City, State Zip code: _____
 Name or Source of Sample(s): _____
 Name of Person(s), Sample Collector(s): _____

LABORATORY USE ONLY Storage Locations
 Freezer _____ Cold Room _____ Storage Shelf _____
 Sample Condition: _____
Sample Type: POINT COMPOSITE STRATIFIED INTERVAL
 P.O. Number: _____
 Client STA ID: _____
 USCC Member: YES NO ID: _____
SELECTION OF ANALYSIS. Refer to <http://www.tmecc.org/cap/methods.html> for details.
 STA Suite; State DOT Tests (indicate State); A, B, C – Specify other tests in fields A through C below.
NOTE! Your STA analytical results via the STA Compost Technical Data Sheet and this Chain of Custody form are submitted directly to STA program management.

A	B	C
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Client Sample ID and Special Instructions	Indicate Ratios for Feedstock Types. (% wt basis, approx.) <i>USE SPACE BELOW FOR DETAILS</i>	Collection Date/Time	Sample Matrix	Composting Operation Type	Shipping Temperature	Indicate Compost Analysis Requirements	LAB USE ONLY Job Number & Sample Status
	_____ % grn waste _____ % manure _____ % food _____ % biosolids _____ % MSW _____ % wood _____ % carcass _____ % fish waste _____ % grease, fats _____ %	Date: _____ Time: _____ Initials: _____	Compost <input type="radio"/> Feedstock <input type="radio"/> Mulch <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/>	Windrow <input type="radio"/> Static pile <input type="radio"/> in-vessel <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/>	Ambient <input type="radio"/> Wet Ice <input type="radio"/> Dry Ice <input type="radio"/>	STA Suite State DOT A B C	

PLEASE PROVIDE SPECIFIC FEEDSTOCK AND OPERATIONAL DETAIL IN THE SPACE PROVIDED.
 YOUR VOLUNTEERED INFORMATION PROVIDES USCC STANDARDS AND PRACTICES COMMITTEE WITH CRUTIAL DATA NEEDED TO BETTER UNDERSTAND THE COMPOSTING PROCESS AND COMPOST END USES.

Releasing Signature 1	Date	Time	Receiving Signature 1	Date	Time
Releasing Signature 2	Date	Time	Receiving Signature 2	Date	Time
Releasing Signature 3	Date	Time	Receiving Signature 3	Date	Time
Releasing Signature 4	Date	Time	Receiving Signature 4	Date	Time