

CHAIN OF CUSTODY FORM



Sheppard T. Powell
Associates, LLC

FOR HRSG TUBE FAILURES, Onsite Custody Tracking Name/Number _____

Facility Information	
Primary Owner of Station (Power Plant)	
Power Plant Name	
Street Address	
City, State, Zip	
Telephone of Station	
Contact Name at Station	

Sample Location			
HRSG Unit Number/Designation			
Type of Sample (Tube, Pipe, Header, U-Bend, Joint)			
Process Location (e.g., HP Econ. 1, Bend to 2 nd Pass Etc.)			
Bundle Designation (Left/Right, A, B, C, etc.)			
Harp Designation			
Tube Row		Tube Number	
Elevation of Tube Sample: Top		Bottom:	
Other Information			

Sample Removal & Start of Chain of Custody					
Date of Failure					
OFFICIAL OBSERVER OF TUBE EXTRACTION: Print Name, Sign Name	Print		Sign		
Date Extracted		Start Time		Stop Time	
Onsite Sample Chain of Custody Tracking Name/Number (for Purposes of Chain of Custody)	(list here and in header of all chain of custody documents until it is assigned a metallurgical tracking number by the laboratory)				

CHAIN OF CUSTODY FORM



Sheppard T. Powell
Associates, LLC

FOR HRSG TUBE FAILURES, Onsite Custody Tracking Name/Number _____

CHAIN OF CUSTODY FORM



Sheppard T. Powell
Associates, LLC

FOR HRSG TUBE FAILURES, Onsite Custody Tracking Name/Number _____

Date	Time	Name (Person on Prior Page Fills in First Entry of this Page, Use Additional Sheets if Needed)	Your Role / Purpose of Handling (Onsite Storage, Packaging, Shipping, Receipt, Analysis)
		<i>Print</i> <i>Signature</i> <i>Company</i>	
		<i>Print</i> <i>Signature</i> <i>Company</i>	
		<i>Print</i> <i>Signature</i> <i>Company</i>	
		<i>Print</i> <i>Signature</i> <i>Company</i>	
		<i>Print</i> <i>Signature</i> <i>Company</i>	
		<i>Print</i> <i>Signature</i> <i>Company</i>	
		<i>Print</i> <i>Signature</i> <i>Company</i>	
		<i>Print</i> <i>Signature</i> <i>Company</i>	
<p>COMPLETE CLIENT INFORMATION ON PAGE 3 BEFORE SHIPMENT TO STPA</p>			

CHAIN OF CUSTODY FORM



Sheppard T. Powell
Associates, LLC

FOR HRSG TUBE FAILURES, Onsite Custody Tracking Name/Number _____

STPA Client Information – To Be Filled in By Client Before Shipment	
<i>Client Company Name</i>	
<i>Street Address</i>	
<i>City, State, Zip</i>	
<i>Client Contact Name</i>	
<i>Contact Title</i>	
<i>Office Telephone Number</i>	
<i>Mobile Telephone Number</i>	
<i>Fax Number</i>	
<i>Email Address</i>	

STPA Sample Numbers (To Be Filled in By STPA)	
<i>Metallurgical Number</i>	
<i>Sample Number</i>	
<i>Client Job Number</i>	