

CBRN Sample Documentation and Chain of Custody

For use of this form, see ATP 3-11.37/MCRP 10-10E.7/NTTP 3-11.29/AFTTP 3-2.44; the proponent agency is TRADOC.

1. DTG SAMPLE(S) COLLECTED (<i>DDTTTTZMMMY</i>):	2. LOCATION SAMPLE(S) COLLECTED:
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3. REASON FOR COLLECTION (*routine surveillance, suspected/known hazard, OPORD, WARNORD*):

4. ENVIRONMENTAL CONDITIONS AT COLLECTION (*terrain, wind, weather-rain, temperature, humidity*):

5. OTHER INFORMATION:

6a. TEAM LEADER (<i>Name, Rank, and E-Mail</i>):	6b. REPORT UNIT ADDRESS (<i>Unit, Address, Phone Number</i>):
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7. SAMPLE IDENTIFICATION:

ITEM #	SAMPLE NO./UPC	QTY	TIME	DESCRIPTION OF ARTICLES <i>(Include state of matter, instrument readings, color, pH, etc.)</i>

SHIPMENT TRANSFERS

I certify by my signature that I have received the materials listed on this form and am aware of the applicable safety and security requirements.

8. ITEM NO(s).	9. DTG TRANSFER <i>(DDTTTTZMMMY)</i>	10. RELEASED BY	11. RECEIVED BY	12. PURPOSE OF CHANGE OF CUSTODY and RECEIVING ACTIVITY/ LABORATORY
		SAMPLER SIGNATURE	SIGNATURE	
		NAME, GRADE, OR TITLE	NAME, GRADE, OR TITLE	

		SIGNATURE	SIGNATURE	
		NAME, GRADE, OR TITLE	NAME, GRADE, OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE, OR TITLE	NAME, GRADE, OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE, OR TITLE	NAME, GRADE, OR TITLE	
		SIGNATURE	SIGNATURE	
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		SIGNATURE	SIGNATURE	
		NAME, GRADE, OR TITLE	NAME, GRADE, OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE, OR TITLE	NAME, GRADE, OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE, OR TITLE	NAME, GRADE, OR TITLE	

FINAL DISPOSAL ACTION

RELEASE TO OWNER OR OTHER (Name/Unit) _____
 DESTROY _____
 OTHER (Specify) _____

FINAL DISPOSAL AUTHORITY

ITEM(S) _____ ON THIS DOCUMENT, COLLECTED BY _____
 _____ (Name) _____ (Organization)

(IS) (ARE) NO LONGER REQUIRED AS EVIDENCE AND MAY BE DISPOSED OF AS INDICATED ABOVE. (If article(s) must be retained, do not sign, but explain in separate correspondence.)

 (Typed/Printed Name, Grade, Title) (Signature) (Date in format YYYYMMDD)

WITNESS TO DESTRUCTION OF EVIDENCE

THE ARTICLE(S) LISTED AT ITEM NUMBER(S) _____ (WAS)/(WERE) DESTROYED BY THE EVIDENCE CUSTODIAN, IN MY PRESENCE, ON THE DATE INDICATED ABOVE.

 (Typed/Printed Name, Grade, Title) (Signature) (Date in format YYYYMMDD)

INSTRUCTIONS

ITEM 1 - DTG SAMPLE(S) COLLECTED: Date time group sample collected, in the format of 2-digit day, 4-digit time, time zone designation, 3-letter month, 2-digit year, (DDTTTTZMMM YY), for example 141700LJUN19.

ITEM 2 - LOCATION SAMPLE(S) COLLECTED: Provide grid coordinate or specific information for location where sample collected.

ITEM 3 - REASON FOR COLLECTION: Provide reason for collection such as routine surveillance, potential hazard, known hazard, confirmation of attack. Include operations order or warning order number, if applicable.

ITEM 4 - ENVIRONMENTAL CONDITIONS AT COLLECTION: Provide information of environmental conditions at collection such as: indoors, terrain (flat, hills, mountains, desert, jungle, forest, urban, grassy, sparse trees/shrubs, other), wind direction and speed, and weather (rain, temperature, humidity).

ITEM 5 - OTHER INFORMATION: Describe any other information. Characteristics noted by initial observers or sampling team such as odor, color, size, shape, texture, or weight. Information on surface where collection occurred such as countertop, glassware, soil, or filter. Method of collection used such as swab, swipe, or tubing. Include maps, sketches, photos, and any additional supporting diagrams as needed.

ITEM 6a - TEAM LEADER: Include the name, rank, and email, of the individual (shipper, team leader, or sampler) who packaged the sample. This may be the sampling element leader or a command representative who will be an enduring point of contact to reach for information regarding the sample and who will be used to report final results.

ITEM 6b - REPORT UNIT ADDRESS: The unit, unit address and phone number (DSN or commercial) for the person listed in 6a or where to report final results.

ITEM 7 - SAMPLE IDENTIFICATION: If more than one sample is taken, each sample will be listed as a separate item number. Additional text for description of articles may be continued onto the next line, within same column. Additional space for listing sample items may be continued onto a new DD Form 3108. Following the last item listed, type or write the words "Nothing else follows" along with the initials of the person filling out form.

- **ITEM NO.:** Item number is the sequential listing of samples collected.
- **SAMPLE NO./UPC:** Sample identification number or universal product code (UPC) number designated to the sample.
- **QTY:** Estimated quantity associated with the sample, if liquid the volume (mL), if sample is solid it may be volume or weight, or number of items
- **TIME:** The time the sample was collected.
- **DESCRIPTION OF ARTICLES:** The description of articles if not described by other categories. This may include meter readings, color, matrix (liquid, vapor, powder, solid), or other examples include swab samples, computer drives, cell phone, petri dish, sample collection vial, and any special handling instructions (for example, maintain temperature of specified range). Specify any other information such as soil, water or food sample.

ITEM 8 - ITEM NO(s): Item number column refers to the specific sample item numbers from block 7 to track transfers of chain of custody. It may include multiple numbers.

ITEM 9 - DTG TRANSFER: Date time group transfer of sample(s) occurred.

ITEM 10 - RELEASED BY: includes the Name, Grade or Title and signature of the individual transferring sample into another individual's custody. The first entry is designated for the individual who collected the sample (SAMPLER).

ITEM 11 - RECEIVED BY: includes the Name, Grade or Title and signature of the individual receiving the sample and assuming responsibility for custody.

ITEM 12 - PURPOSE OF CHANGE OF CUSTODY AND REIVING ACTIVITY/LABORATORY: Reason for the change of custody such as technical escort or receiving laboratory.

FINAL DISPOSITION AUTHORITY, FINAL DISPOSAL AUTHORITY, WITNESS TO DESTRUCTION OF EVIDENCE are to be used at the discretion of the sample custodian to document any final actions taken with samples collected.